



ABI Choices

Evaluation of Service (long report)

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Executive summary

This report outlines the findings from the evaluation of ABI Choices, conducted by an independent research team, to evaluate to what degree ABI choices met the service provision specification objectives.

ABI Choices is a specialist brain injury service provided by the Cedar Foundation and is an Adult Training and Rehabilitation programme funded by the former Health and Social Care Board. This Service aims to engage individuals with Brain injury in local community-based activities, promoting community involvement, to develop personal capacity, resilience, health and well-being. It offers goal-directed support to participants to progress from the Service when they have achieved their goals assisting service users with goal setting, action planning and employability skills.

This service provision contract had four key objectives and several requirements. These will be evaluated using data and information collected by Cedar Foundation team and the research team. Cedar provided data on the number of participants, activity hours and leavers. The research team used five individualised questionnaires for the target participant groups (current and past ABI choices service users, carers of service users, ABI choices case workers and external stakeholders) to gather information related service provision objectives.

The evaluation concluded that ABI choices met all service provision objectives and requirements. ABI choices provided a range of training, rehabilitation and occupational opportunities, evidence is presented from all participants to support the meeting of objective 1. Objective 2 is met with an average of 105% of target hours despite the disruption due to covid. The target number of individuals was exceeded every year, with an average of 134% of the target number of individuals. Data gathered from all participants demonstrated strong agreement (ranging from 100% to 67% across the groups) that ABI choices promoted independence, transition through the Service and setting personal goals which meet objective 3. Service user involvement was vital to the Service, with an annual survey and six monthly user groups held throughout the service period. In addition, this evaluation ensured the feedback and contributions from all key user groups and stakeholders (current and

past ABI choices service users, carers of service users, ABI choices case workers and external stakeholders) to ensure a complete and holistic assessment of ABI choices.

The evaluation process identified high satisfaction across all groups with the Service. In particular, the current and past users were overwhelmingly positive, with a definite change in a number of areas resulting from participation in the Service, including independence, confidence, and engagement in the community and going out. As well as improvements in education, training and employment opportunities. There was distinct praise for the ABI case workers and Cedar as an organisation. When asked to elaborate on improvements for the Service, the participant groups had some suggestions for review, including transport provision, social opportunities and improved co-working across brain injury services and the trusts.

In conclusion, reviewing all the data and evidence collected for this evaluation, it is the judgement of the evaluation team that ABI choices had met and exceeded the objectives and requirements set out by the service provision and is a very valued service by stakeholders.

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Introduction

Brain Injury Services in Northern Ireland

Following the 2008 review of services for People with Acquired Traumatic Brain Injury in Northern Ireland, the regional Acquired Brain Injury Action Plan was established. This aimed to improve service provision for individuals with ABI, to deliver service improvement and enhance service coordination. The Regional Acquired Brain Injury Implementation Group (RABIIG) was established to help implement the action plan, including improvements to health and social care services provided for People with Acquired Traumatic Brain Injury and their carers. A review of ABI services was completed in 2015, and a review document alongside several recommendations was published. As part of providing an adequate service provision post Brain Injury, it is recognised that many organisations and services must work together along the patient pathway. This is particularly important as part of long-term recovery, which typically occurs in a community setting. This will often include support, education and training around many aspects of day-to-day life, including communication, social skills, well-being and community integration. As part of this service provision, the former Health and Social board tendered to contract an ABI training and rehabilitation service that was to start in January 2019 for four years initially. This Service was to address the physical and cognitive needs of adults who have sustained an ABI.

Rationale for ABI Choices

ABI Choices is a specialist brain injury service provided by the Cedar Foundation and is an Adult Training and Rehabilitation programme funded by the former Health and Social Care Board. Service delivery was initiated in January 2019 for four years, ending in December 2022. ABI Choices is a regional service delivered throughout Northern Ireland in all five health and social care trusts. It supports adults with ABI to engage in local community-based activities, promoting community involvement and collaboration to develop personal capacity, resilience, health and well-being. ABI Choices offers goal-directed support to participants to progress from the Service when they have achieved their goals assisting service users with goal setting, action planning and employability skills.

What support did the Service provide?

Adults with ABI referred to the programme work 1:1 with the case worker assigned in their health trust. The case worker helped service users identify personal goals and ascertain what support will be required to achieve them. Full support was provided to identify activities, employment opportunities and training courses in the local community aligned with personal interests. Additionally, case workers aimed to develop confidence and Independence. This was achieved through targeted support, including accompaniment to activities in the early stages of participation, regular contact and ongoing progress reviews.

"ABI Choices provides participants with an opportunity to reach their full potential" (ABI Choices case worker)

Aims of service

ABI Choices service specification objectives (as procured by the former Health and Social Care Board)

- To provide people with ABI with the opportunity to access a range of training and education opportunities in a supported way that will support their post-injury rehabilitation and also meet their future vocational and employment needs.
- To deliver 22,775 training hours per annum for a minimum of 65 individuals.
- To promote Independence and personal choice, supporting the transition of individual's through the Service by the setting of personal goals.
- To promote a culture of Service User and Stakeholder involvement with clear evidence of how views have been sought and have changed the Service.

Evaluation of ABI Choices service provision

In order to independently evaluate the extent to which ABI choices met the service objectives, an independent organisation Ulster University led by Dr Niamh Kennedy, was commissioned to conduct an evaluation.

Aim of evaluation

The overarching aim was to assess and evidence the impact of ABI Choices on adults living with ABI in NI. To establish that ABI Choices met the service objectives.

Terms of Reference of service evaluation

Cedar has established the following terms of reference for the evaluation of ABI Choices, the following table states this and how they were met by this evaluation/by research team.

Work closely with Cedar to ensure access to all relevant quantitative and qualitative data so that the service can be fully assessed	Research team worked in close collaboration with Cedar staff primarily Clair Whiteside and Norma Philips to access relevant staff and service users to obtain both quantitative and qualitative data from.
Outline an appropriate methodology for the evaluation;	Research team provided detailed methodology in the tender and in this document (page 5).
Assess the extent to which the service has met its stated aims, objectives and associated targets	Assessed via questionnaires, interviews with all key groups (staff, carers, service users- current and past and stakeholders)
To examine the extent to which the goals of service users have been met	Assessed via questionnaires, interviews with all key groups (staff, carers, service users- current and past and stakeholders)
Assess the processes used for engaging stakeholders, including service users and their families and the effectiveness of partnership working	Assessed via questionnaires, interviews with all key groups (staff, carers, service users- current and past and stakeholders)
Provide a concluding service evaluation report outlining conclusions, recommendations, lessons learnt and suggestions for future service provision	Recommendations provided based on results from research/feedback collected.

Based on the terms of reference in the service evaluation the following research objectives were developed to guide this evaluation.

Objectives:

To achieve the aim a number of research objectives were implemented.

- To collect information from a combination of ABI Choices service users, friends/ family members/ carers of service users and case workers involved in delivering ABI Choices to provide a holistic and inclusive evaluation.
- To use a combination of qualitative and quantitative approaches, enabling a full exploration of information provided to assess impact and demonstrate outcomes

- To consider the goals of service users and compare with measured outcomes
- To assess Cedar engagement processes and the effectiveness of partnership working with stakeholders, service users and their families.

Method

Design

This independent evaluation of the ABI Choices programme provided by Cedar Foundation commenced in May 2022 and was completed at the end of January 2023. A combination of quantitative and qualitative methods were used to gather data from participants. Using this mixed methods design, facilitated full exploration of the information available to address the study objectives. Current and past service users, informal caregivers, ABI Choices case workers who delivered the programme and key stakeholders were all invited to contribute.

Participants

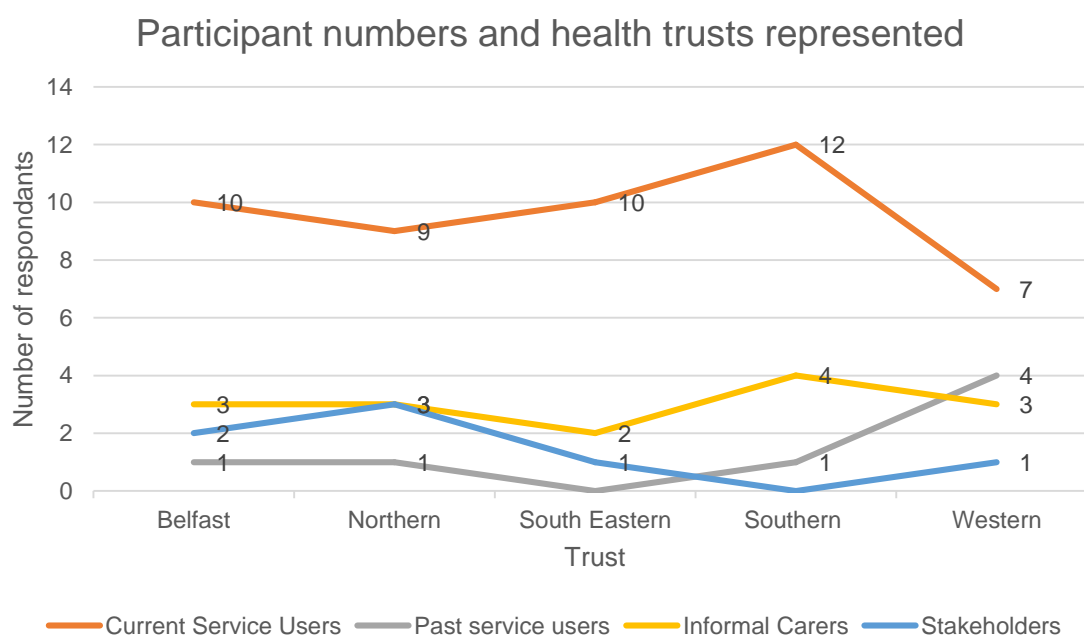
Current and past service users and their informal carers were identified using Cedar records. All ABI Choices case workers were asked to participate and key stakeholders who had experience with the service were identified and contacted by the researcher. ABI Choices current and past service users, informal carers, case workers and stakeholders were contacted via post/email/phone and invited to participate. Those who were interested were sent an information sheet with further details. The recruitment target was at least 60% of total ABI Choices service users, 8-10 informal carers, 50% of case workers delivering the service. Participants from all five Health and Social Care Trusts were included. A total of 51 current service users, 7 past service users, 15 informal carers, 6 ABI Choices case workers and 7 stakeholders contributed to the evaluation (*Table 1*).

Table 1: Respondent information according to participant group and method of contribution

	Completed (n)	% of n available	Face to face	Zoom	Online survey	Telephone	Paper (post)
Current service users	51	65 (79%)	27	12	11	1	-
Past service users	7	18 (39%)	-	-	-	-	-
Informal carers	15	*	-	-	-	13	2
ABI Choices case workers	6	6 (100%)	-	-	6	-	-
Key stakeholders	7	17 (41.2%)	-	-	3	-	4
Total	86						

*This is difficult to calculate based on the differences in individual carer support.

Figure 1: Participant numbers (n) according to group and health trust



As can be seen from Figure 1, all health trusts were represented across all surveyed groups.

Quantitative measures containing qualitative items

Surveys to gather quantitative data included a standardised set of questions and were available to complete online, on paper or completed verbally and recorded by the researcher to promote inclusivity.

Demographic information held by Cedar was used to identify participant numbers and service user age, gender and location were used to provide an understanding of ABI Choices service users. Those who have left the ABI Choices programme were also contacted to complete a survey by telephone or online using Qualtrics. Informal caregivers are typically a hard-to-reach group, online questionnaires, or questionnaires returned via pre-paid postage and a phone interview was offered. ABI Choices case workers from each of the 5 trust areas, who were involved in the delivery of the programme were also invited to give feedback on the programme. Key stakeholders were also contacted by email and a link to an online survey was provided or if preferred a hard copy could be completed and returned by email or post to the evaluation team.

Five surveys were developed for each participant group key questions about their experiences with ABI Choices (copies of surveys in appendix).

- *Current service user survey*: This survey contained 22 questions collecting a variety of information from those who are currently using the service. Important demographic information including age, gender, post code, health trust, year of injury, living arrangements and receipt of care was collected. Service users were also asked to rate on a 4 point scale (1- not at all to 4- daily) the extent to which their injury impacts on their life in the areas of communication and speech, fatigue, motor, memory and concentration, mood and daily activities. To assess service effectiveness, service users were also asked to rate on a 4 point scale (4- definite change to 1- worse) how they felt they have changed since joining the project in the areas of independence, confidence, activity engagement, sociability, happiness and in work/education. Service users also reported if they had an action plan and if had been reviewed, where the programme typically took place and if they felt supported during Covid.
- A variety of open ended questions asked past service users to consider any positive or negative aspects of the service, suggest possible improvements

and share if the programme has had any short-term or lasting impact on them personally.

Questions included:

1. What activities do/did you participate in at ABI Choices? Are you still involved in these activities?
 2. What do/did you find most helpful about the service?
 3. Is there anything more you feel the service could do/have done to provide you with further help and support?
 4. Is there anything you do/did not like about the service and would like to see changed?
 5. Can you tell us how you feel you have changed since joining the service?
 6. Has the service had any lasting impact on you: were your improvements maintained?
 7. Is there anything you would like to comment on about your Covid support?
- *Past service user survey:* This survey contained the same questions as the current service user survey but asked some additional questions relating to the activities they were involved in through ABI Choices and are they still involved with any of these activities.
 - *Informal carer survey:* Carers were asked to provide their feedback on their friends or family members use of the service. The survey consisted of 15 questions including demographic information: age, gender, postcode, health trust, year of injury and relationship to the person they care for. Similarly carers were asked to rate the impact of the brain injury on the daily life of those who they care for in the areas of communication and speech, fatigue, motor, memory and concentration, mood and daily activities using a 4 point scale (1- not at all to 4- daily). Carers were also asked to rate how the person they care for benefited (or not) from the project in independence, confidence, activity engagement, sociability, happiness and in work/education using a 4 point scale (4- definite change to 1- worse). Five open ended questions

enabled carers to comment on positive and negative aspects of the service, suggested improvements and if they believe the programme has had a lasting impact on the person they care for.

- *ABI Choices case workers survey:* Using a total of 9 questions, case workers were not asked to provide demographic information but rather were asked to share their views on the quality of Cedar training and supervision. Case workers were also asked to report on their development of professional relationships, how accessible they felt the service was in relation to ability and language and how well the service worked in partnership with other organisations using a 5 point scale (5- strongly agree to 1-strongly disagree). Additionally, using a 3 point scale case workers recorded if they agreed or disagreed with the ability of ABI Choices to provide access and increase capability of service users to participate in training/education or employment, promote independence, support personal choice, facilitate social reintegration and improve confidence. Open ended questions provided an opportunity for case workers to discuss the positive aspects of the service, potential improvements and the challenges in delivering ABI Choices.

- *Stakeholder survey:* This survey consisted of 10 questions to assess ABI Choices from the stakeholder perspective. Key demographic information was collected: profession, area of service worked in and NI health trust. Stakeholders were also asked to rate if ABI Choices promoted service user independence, confidence, community and activity engagement and capability for work/education using a 6 point scale (6- strongly agree to 1- can't say). A number of open ended questions asked stakeholders to reflect on any positive or negative attributes of the ABI Choices service and provide recommendations to ensure effective collaboration between ABI Choices and health professionals and develop a better programme for service users.

The surveys were purposefully designed with some commonality in questions across each of the participant groups with an aim to compare participant responses in relation to the impact of injury and the evaluation of the service provided. The open-

ended questions encouraged participants to reflect on positive and negative aspects of the service, potential service improvements, personal development for the SU and the support received during covid. Additionally, case workers were asked to consider any challenges with delivery and stakeholders were given the opportunity make recommendations applicable to their profession.

Data analysis

All survey data were entered into the statistical software programme SPSS 28 for analysis. Frequency analysis was conducted to calculate participant demographic information (n, % of participants, mean age). Frequency analysis was also conducted on participant responses to calculate the daily impact of their injury and how they rate the quality of service provided by Cedar. All results are reported visually using a combination of tables and charts.

Open-ended questions were analysed independently by the researcher using thematic analysis which identifies, analyses and reports repeated patterns in qualitative data. This technique consists of a number of steps including familiarisation of the data, generating codes and searching for themes, defining themes and gathering illustrative quotes (Braun & Clarke, 2006). Thematic analysis is particularly useful when seeking to understand participants experiences and thoughts. For scientific rigour and reliability, qualitative data were also entered into NVivo, a computer software programme designed to identify and assess codes and themes present in the dataset.

Results

A total of 5 surveys were developed to comprehensively evaluate the ABI Choices programme from the perspective of current and past service users, informal carers, ABI Choices case workers and key stakeholders. It was essential to include each of these perspectives and ensure all voices were heard, surveys were therefore tailored to each specific participant group. See *Table 1* above for reference.

Current service users survey

Demographic results

A total of 51 current service users completed the survey, 68.6% are still actively engaged with the ABI Choices programme (n=35), 31.4% of respondents did not provide this information (n=16). A total of 29 males (56.9%) and 22 females (43.1%) responded with ages ranging from 19 years old to 70 years (m=49.44, SD=13.1). All Health and Social Care Trusts were represented by service users and this information is provided in *Table 2*.

Table 2: Number of service users from each of the five health trusts in NI.

Health Trust	n	% of total participants
Belfast	10	19.6
Northern	9	17.6
South Eastern	10	29.6
Southern	12	23.5
Western	7	13.7
Not sure	3	5.9

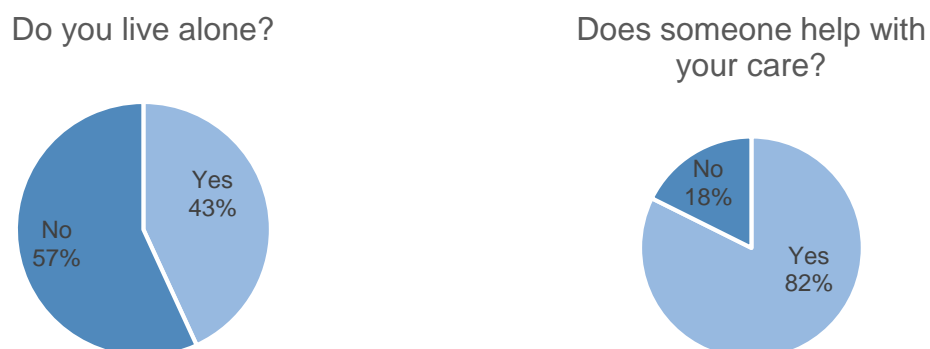
Service users also provided information relating to their brain injury including the year it occurred and, in some cases, detailed the cause of their injury (n=18). The years ranged from 1965 to 2021 with most ABI's occurred between 2016 and 2021 (n=20) and more specifically in 2019 (n=9). Full details in *Table 3*.

Table 3: Year ABI occurred in current service users.

Year of Injury	n	% of total participants
<2000	6	11.8
2001-2010	9	17.6
2011-2015	13	25.5
2016-2021	20	39.2
Missing	3	5.9

Service users also provided information on their living arrangements and care they received, see *Figure 1*. Although 56.9% of respondents reported living with someone (n=29), only 8 stated who they lived with. One service user lives in Cedar Assisted Living and 7 live with parents or family. In some cases service users disclosed who helped with their care. In 22.4% of respondents care was provided by parents or family (n=11), the service users spouse provided care in 15.7% of those who responded (n=8). Four individuals (7.8%) reported having carers attend regularly, these included carers provided by the health trust, Cedar and private carers. 49% of the sample did not provide this information.

Figure 1: Participant responses relating to living arrangements and care (n=51).



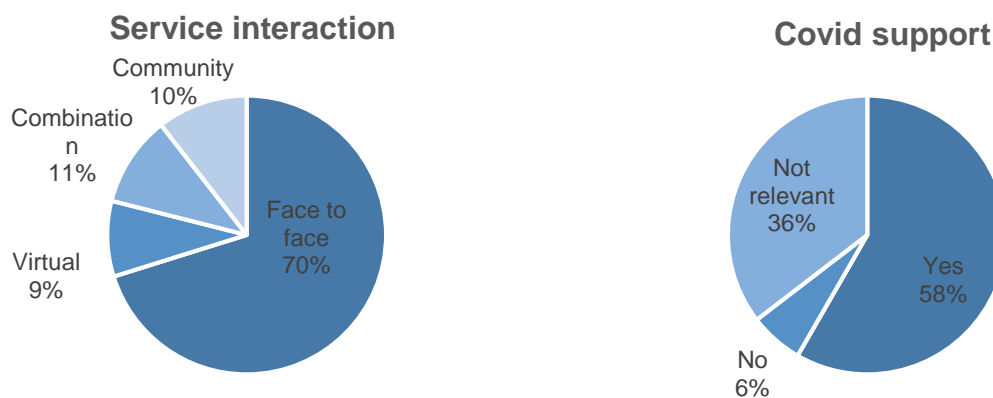
When asked about the programme delivery, 98% of service users (n=50) felt it was provided at a time suitable to them with the majority of interactions with the service (78.4%) taking place face to face (n=40).

A smaller proportion of these interactions occurred virtually (n=5, 9.8%) and in the community (n=6, 11.8%). Six respondents (11.8%) reported a combination of

interactions with ABI Choices using both face to face and community settings (*Figure 2*).

Participants also rated the quality of support they received through the ABI Choices service during Covid (see *Figure 2*), 30 service users (58.8%) responded 'Yes', they felt the service was good. For 33.3% of respondents this question was not relevant (N=17). A small proportion (5.9%) responded 'No' (n=3), however additional comments show that some service users were not sure if they joined the service during or after Covid while others chose to disengage during this time but were aware that activities were ongoing.

Figure 2: Service user responses relating to interaction method and support provided by the service (n=51).



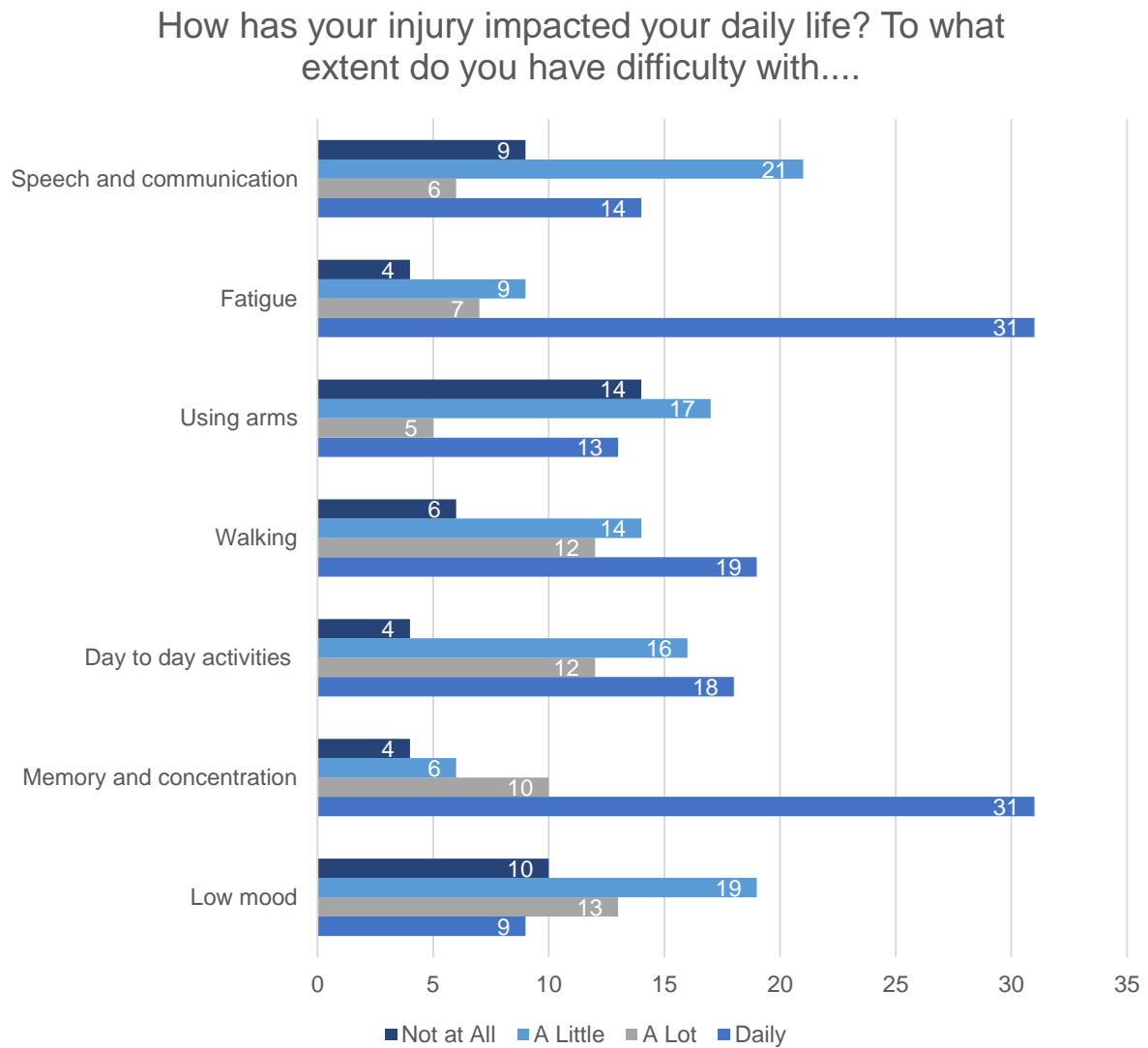
Impact of injury results

Gaining some understanding around the impact of ABI on the daily life of each service user was important to the service evaluation. Participants were asked to rate their difficulty in a number of key areas including speech and communication, fatigue, motor ability, completing day to day activities, memory and concentration and mood. Results are illustrated in *Figure 3* below.

A large proportion of participants reported difficulties with fatigue (n=31) and memory and concentration (n=31) on a daily basis. Other difficulties experienced daily include completing day to day activities (n=18), walking (n=19), speech and communication (n=14), using arms (n=13) and low mood (n=9). Participants reported having just a little difficulty with speech and communication (n=22), low mood (n=19), using arms

(n=17), walking (n=14), completing day to day activities (n=16), fatigue (n=9) and memory and concentration (n=6).

Figure 3: Participant responses relating to difficulties experienced with ABI (n=51)

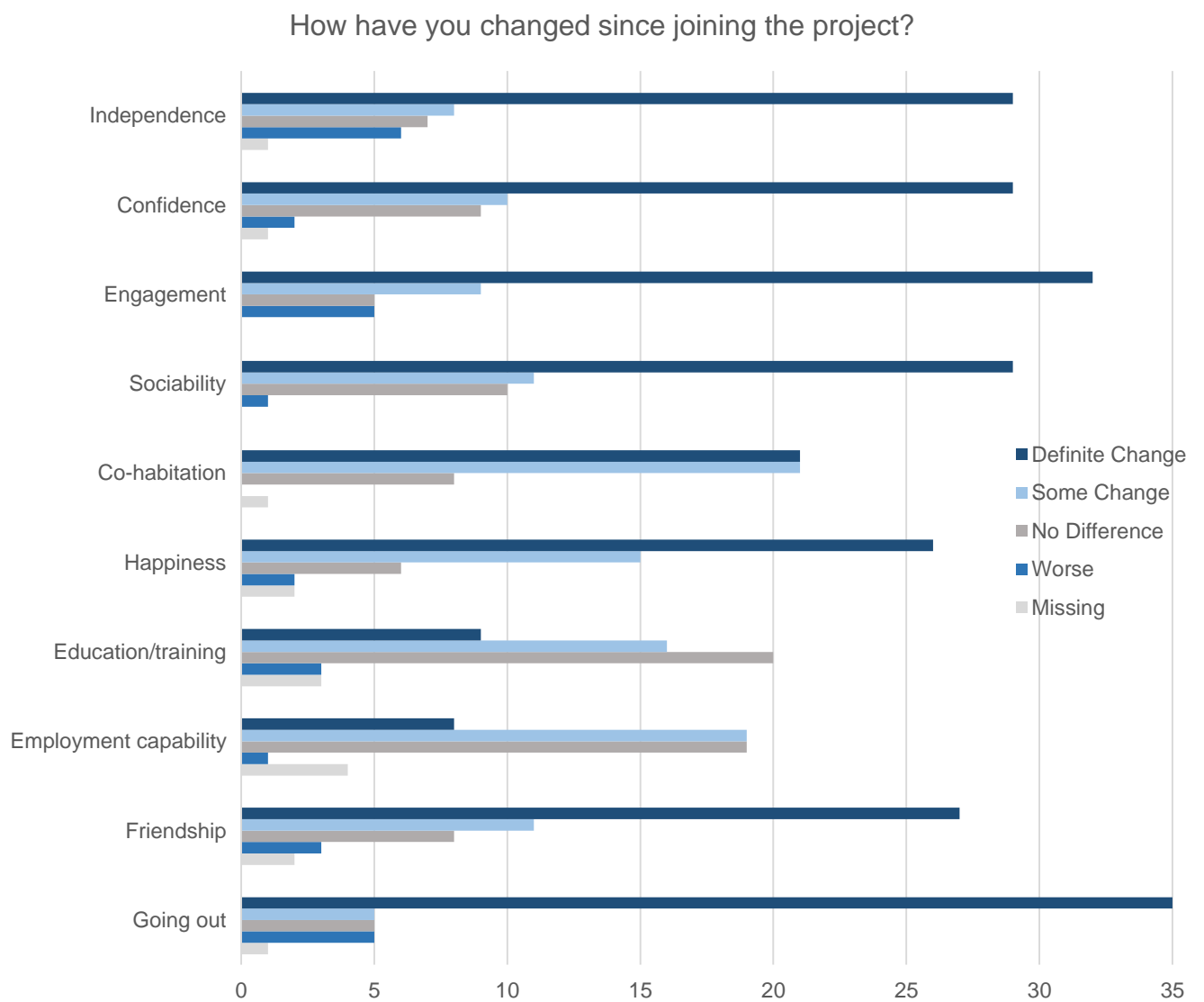


Evaluation of service results

Participants were asked to evaluate the service they received and report how they feel they have changed since joining the programme in terms of their independence, confidence, engagement, sociability, co-habitation, happiness, education/training opportunities, employment capability, friendships and going out, see *Figure 4*.

Responses were largely positive with participants reporting a positive change since joining the project in the amount of time spent out of the house (n=40) and their engagement in activities outside of home (n=41). The majority also reported being easier to live with (n=42), being more able to get along with others (n=40), having more companions and friends (n=38), being happier, less depressed or moody (n=41), having more confidence to go to places in the community (n=39) and more independence and being able to do more for themselves (n=37).

Figure 4: Participant responses relating to the impact of ABI Choices service on key areas typically affected after ABI (n=51)



Responses relating to education, training and employment opportunities and capability were an exception with participants reporting less change in these areas. Some reported no change in their capability of taking part in education and training courses (n=20) or getting and holding down a job or work placement (n=19) while others reported 'Some Change' (n=16 and n=19 respectively). In a small number of cases participants reported feeling 'Worse' since joining the programme in relation to independence (n=6), going out (n=5), engagement (n=5), education/training (n=3), friendship (n=3), confidence (n=2), happiness (n=2), sociability (n=1) and employment (n=1).

Past service users

Demographic results

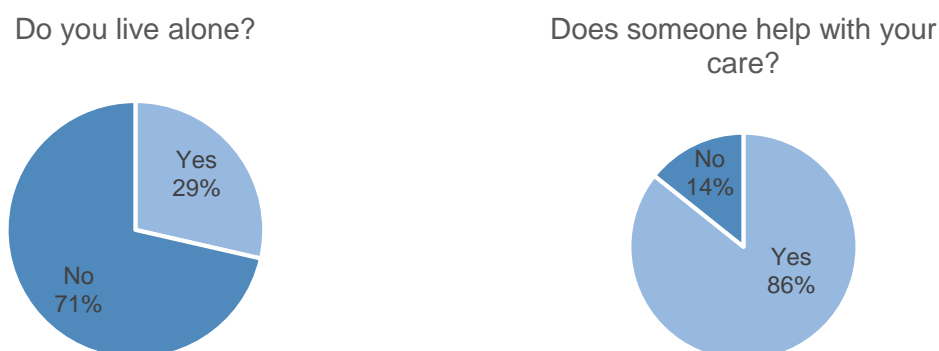
Seven past service users who have left the programme contributed to the survey, the brain injuries of which occurred between 2001 and 2019 (*Table 4*). Two of these respondents (28.6%) are still involved with some activities which they participated in as part of ABI Choices including Headway and some workshops. A total of 4 males (57.1%) and 3 females (42.9%) responded with ages ranging from 35 years to 65 years (m=48.29, SD= 11.57) from 4 of the 5 health trusts including Belfast (n=1), Northern (n=1), Southern (n=1) and Western (n=4).

Table 4: Year ABI occurred in past service users.

Year of Injury	n	%
2001	1	14.3
2017	1	14.3
2019	5	71.4

Similarly to the current service users, those who have left the programme also provided information on their living arrangements and care they received, see Figure 5. 71.4% of respondents reported living with someone (n=5) which included parents/family (n=1), spouse (n=3) or a child (n=1), who also provided care when required. Two respondents (28.6%) reported living alone, one of whom had family members visit to help with care.

Figure 5: Past service user responses relating to living arrangements and care (n=7).



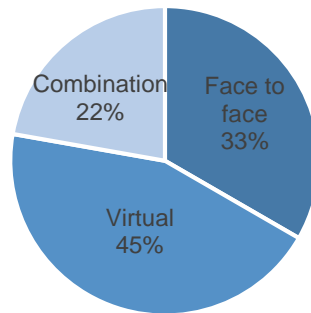
When asked about the programme delivery, all past service users agreed the ABI Choices was delivered at a suitable time. The majority of interactions with the service occurred virtually (n=4) or face to face (n=3). Two respondents reported a combination of interactions including both virtual and face to face and face to face, community settings and phone calls (*Figure 6*). Respondents were also asked to consider the quality of care they received during Covid with all past service users reporting a good level of care with “regular contact” (p6). Another respondent commented that it was “very nice to receive a phone call to see how I was getting on” (p7).

Impact of injury results

It was equally important in the past service users to understand the impact of ABI on their daily life. Similarly to the current service users, those who have left the programme were asked to rate their difficulty in a number of key areas including speech and communication, fatigue, motor ability, completing day to day activities, memory and concentration and mood. Results are illustrated in *Figure 7*.

Figure 6: Past service user responses relating to how they interacted with the service (n=7)

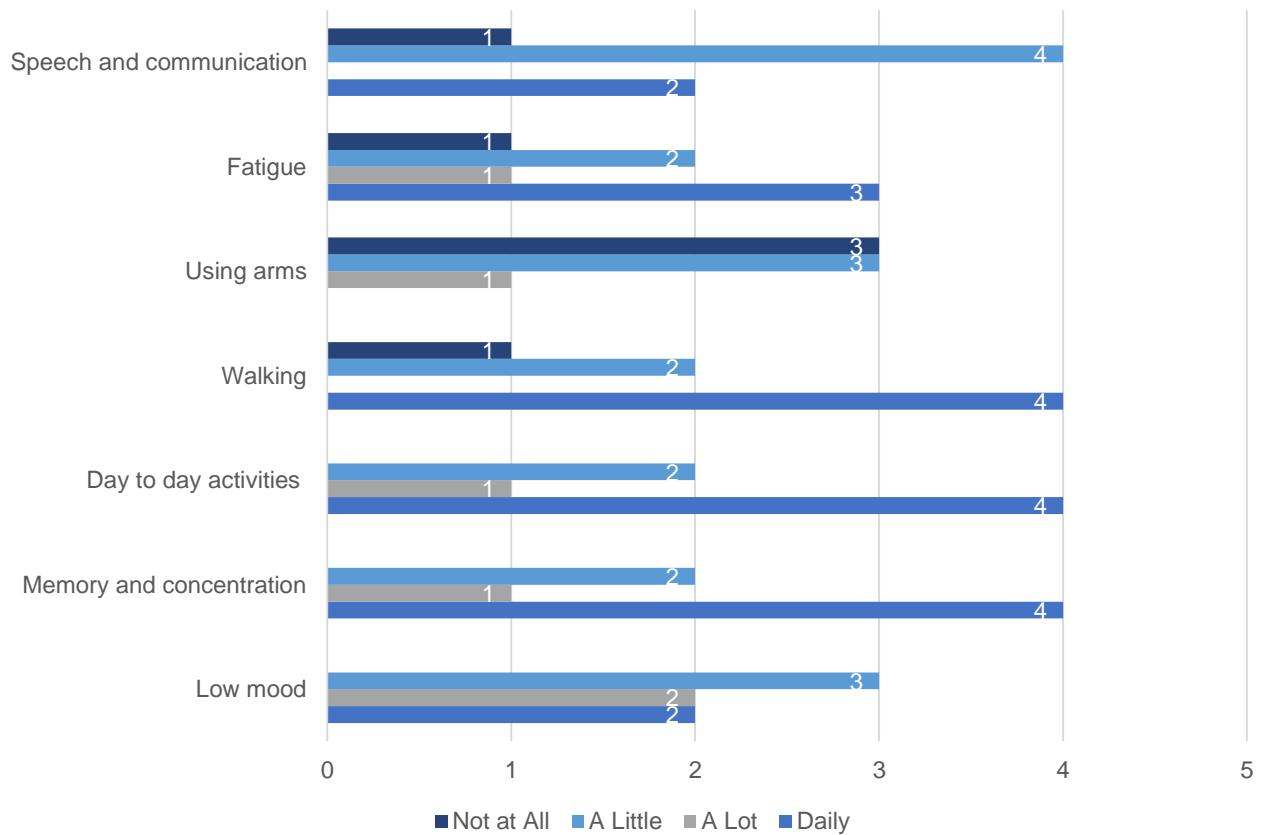
Where did the majority of interactions take place?



Many past service users reported experiencing daily difficulties completing day to day activities (n=4), memory and concentration (n=4) and walking (n=4). Other areas of difficulty which past service users reported as having a daily impact include fatigue (n=3), low mood (n=2) and speech and communication (n=2). Some past service users reported having no difficulty at all with using their arms (n=3), walking (n=1), speech and communication (n=1) and fatigue (n=1) whereas difficulties with low mood, memory and concentration and completing day to day activities were experienced by participants to some degree This information is provided in full in *Figure 7*.

Figure 7: Participant responses relating to difficulties experienced with ABI (n=7)

How has your injury impacted your daily life? To what extent do you have difficulty with....



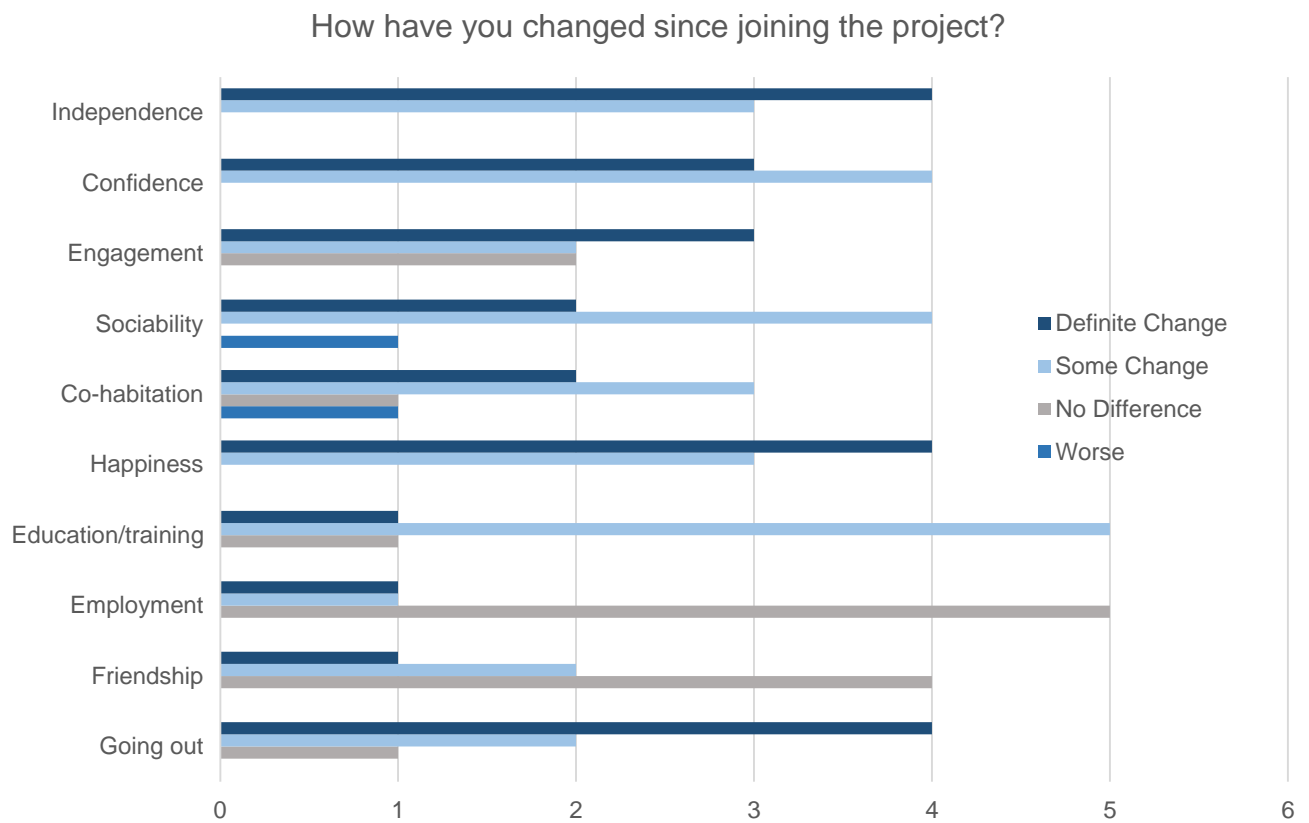
Evaluation of service results

Participants were also asked to evaluate the service they received in retrospect and report how they feel they have changed since completing the programme in terms of their independence, confidence, engagement, sociability, co-habitation, happiness, education/training opportunities, employment capability, friendships and going out, see *Figure 8*.

In many of the categories illustrated below (*Figure 8*), past service users reported a positive change albeit at varying degrees since joining the project. Respondents reported a definite change in their independence and feel they are more able to do things for themselves (n=4), they reported feeling happier, less depressed and moody (n=4) and they are more likely to spend time out of the house (n=4). Definite improvements were also observed in past service users confidence to go to places in the community (n=3), engagement in activities outside of the home (n=3), being more sociable and able to get along with others (n=2) and being easier to live with

(n=2). A small number of respondents also reported a definite change in gaining more companions and friends (n=1), and in gaining or undertaking education or training (n=1) or employment (n=1).

Figure 8: Participant responses relating to the impact of ABI Choices service on key areas typically affected after ABI (n=7)



Some respondents reported no change in their level of engagement with activities outside of the home (n=2), gaining new friendships (n=4), being easier to live with (n=1), spending time out of the house (n=1) and particularly in the area of employment (n=4). A small number responded that their ability to live with others (n=1) and being sociable (n=1) has gotten worse since participating in the programme.

Informal carers

Demographic results

A total of 15 informal carers who assisted service users contributed to this survey. Carers reported being parents (n=6), wives (n=6), siblings (n=6) and children (n=1) to those who they care for. 86.7% of respondents were female (n=13) and 13.3% were male (n=2) and ranged in age from 36 years to 73 years (m=54.87, SD=11.44) and the year in which the brain injury occurred in these service users ranged from 1965 to 2021. The distribution of carers in the health trusts are listed in *Table 5* below.

Table 5: Number of service users from each of the five health trusts in NI.

Health Trust	n	% of participants
Belfast	3	20.0
Northern	3	20.0
South Eastern	2	13.3
Southern	4	26.7
Western	3	20.0

Impact of injury results

Informal carers were asked what impact they felt brain injury had on the life of those who they care for. They were asked to rate difficulties in a number of key areas including speech and communication, fatigue, motor ability, completing day to day activities, memory and concentration and mood (*Figure 9*).

The majority of carers reported that those who they care for experience daily difficulty with memory and concentration (n=12), completing day to day activities (n=11), fatigue (n=10) and low mood (n=9). Difficulties were also observed by carers in speech and communication (n=6), walking (n=6) and using arms (n=3). If not occurring daily these difficulties were presenting frequently in relation to mood (n=3), completing daily activities (n=2) and in memory and concentration (n=1). In some cases the difficulties assessed were not considered problematic in daily life. These

included using arms (n=4), walking (n=3), speech and communication (n=3), fatigue (n=1) and low mood (n=1). Two participants did not provide this information.

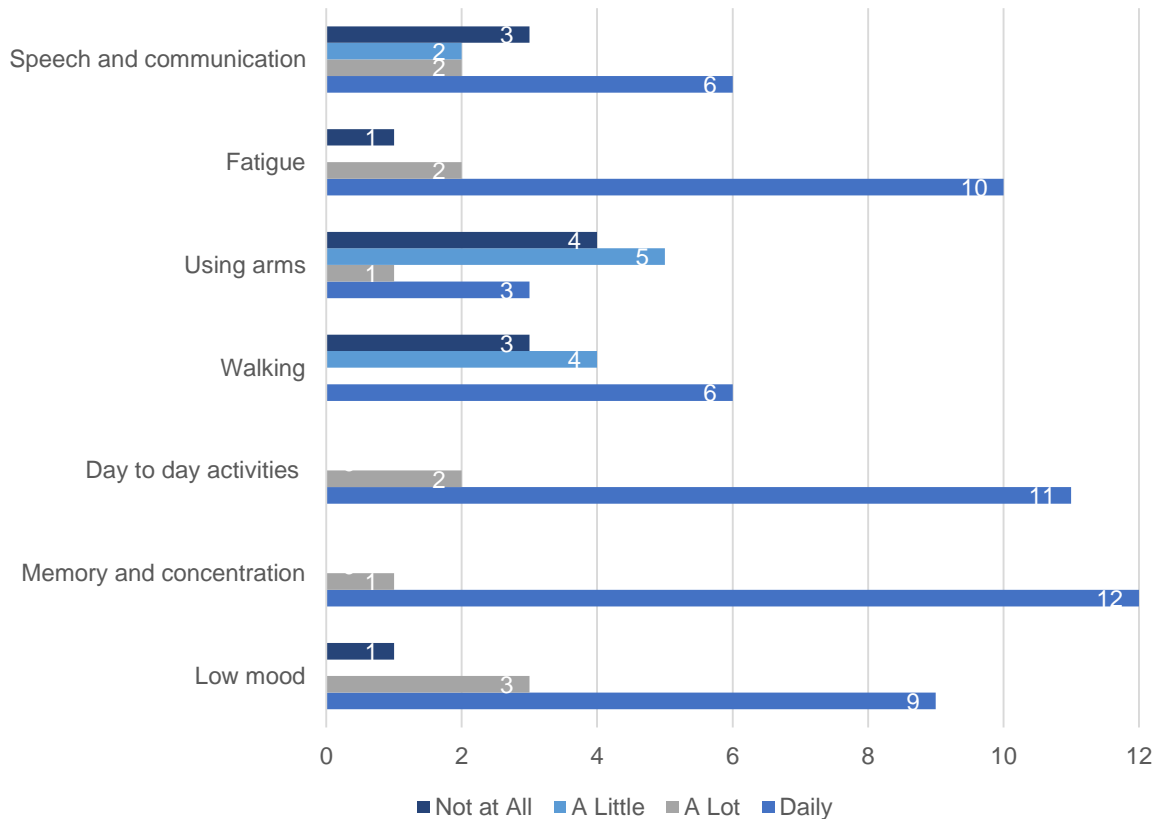
Evaluation of service results

Informal carers were also asked to rate the service received by those who they care for and report how they feel they have changed since beginning the programme from the carers perspective. Areas assessed included independence, confidence, engagement, sociability, co-habitation, happiness, education/training opportunities, employment capability, friendships and going out, see *Figure 10*.

The majority of carers reported a positive change reporting observed improvements in their confidence to go to places in the community (n=11), engaging in activities outside of the home (n=11), appearing happier and less depressed or moody (n=11), being independent and doing more things for themselves (n=10), easier to live with (n=8), spending more time out of the house (n=7), being more sociable and more able to get along with others (n=7), making friendships (n=7), education or training (n=5) and employment (n=1), see *Figure 10*.

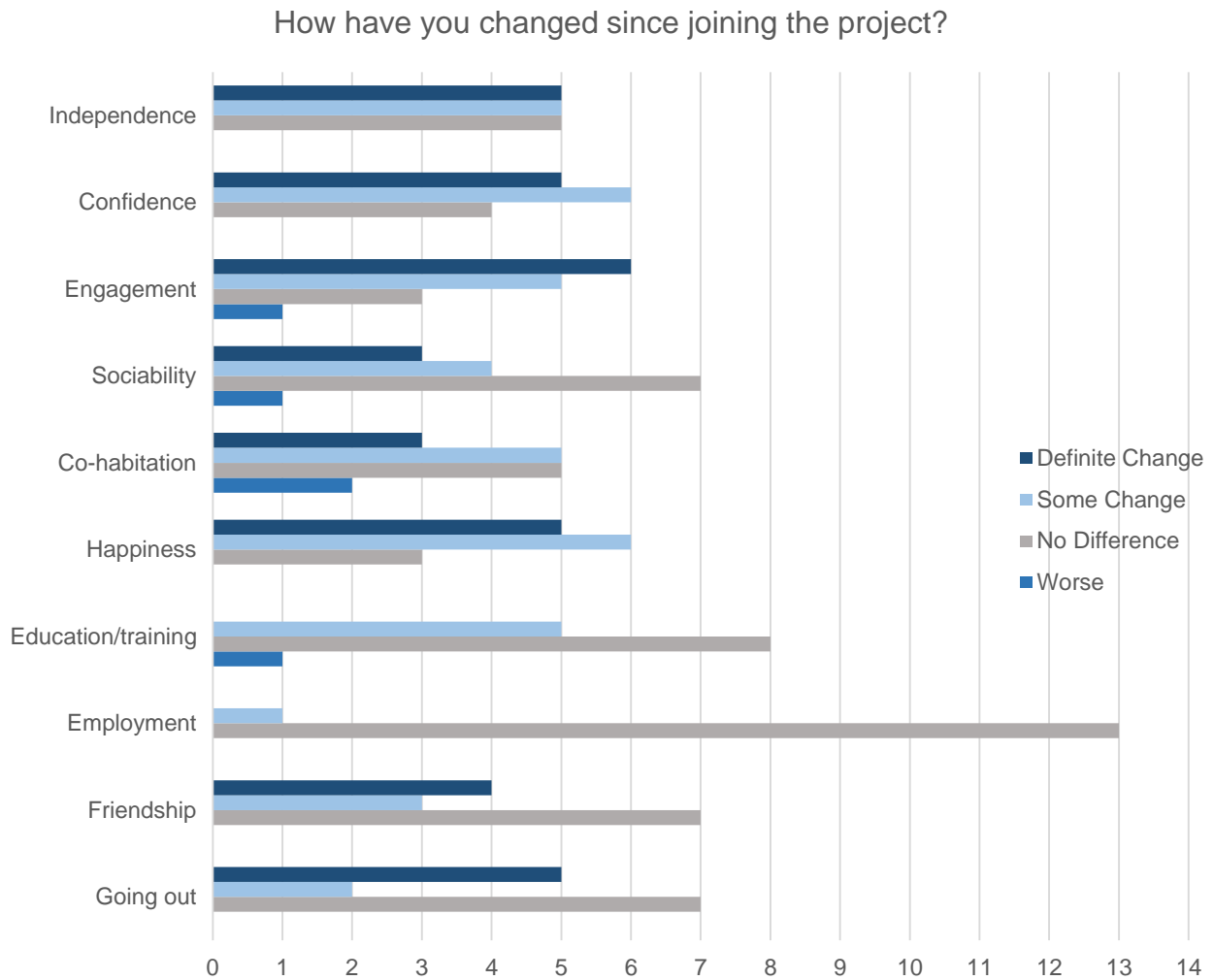
Figure 9: Participant responses relating to difficulties experienced with ABI (n=15)

Thinking about the impact of the brain injury on daily life; To what extent does the person you care for have difficulty with...



Some respondents did not notice a difference in these areas and was particularly apparent in relation to employment (n=13) and education or training (n=8). Some carers also reported no difference in ability of those who they care for to do things outside of the home (n=7), make new friends (n=7), be more sociable (n=7), be independent (n=5), being easier to live with (n=5), have confidence to go out (n=4), engage in activities (n=3) and happiness (n=3). A small number of carers felt that those who they care for have got more difficult to live with (n=2), are less sociable (n=1) and engaged in external activities (n=1) and less likely to have or avail or education/ training opportunities (n=1), illustrated in *Figure 10*.

Figure 10: Participant responses relating to the impact of ABI Choices service on key areas typically affected after ABI (n=15)



ABI Choices case workers

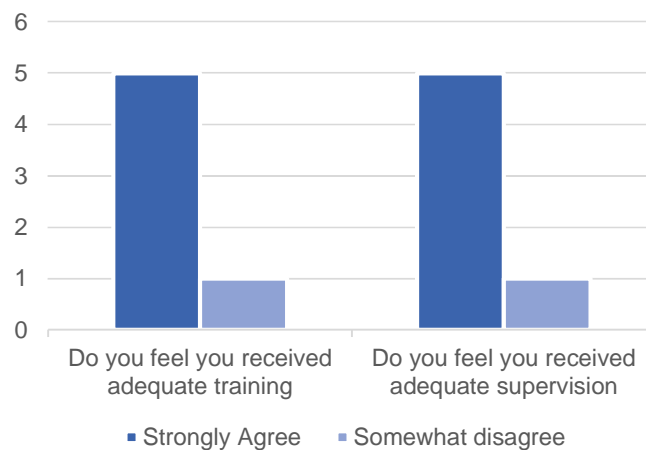
Demographic results

Six ABI Choices case workers from across NI who worked on the programme responded to the online survey. When asked to rate the quality of training and supervision provided by Cedar, 5 respondents strongly agreed that training and supervision was adequate while 1 disagreed somewhat (see Figure 11). One respondent provided a comment stating, “I have always felt well supported by my manager and colleagues”.

When asked to report their views on the ability of ABI Choices to be inclusive and accessible all 6 case workers strongly agreed that the programme was accessible to

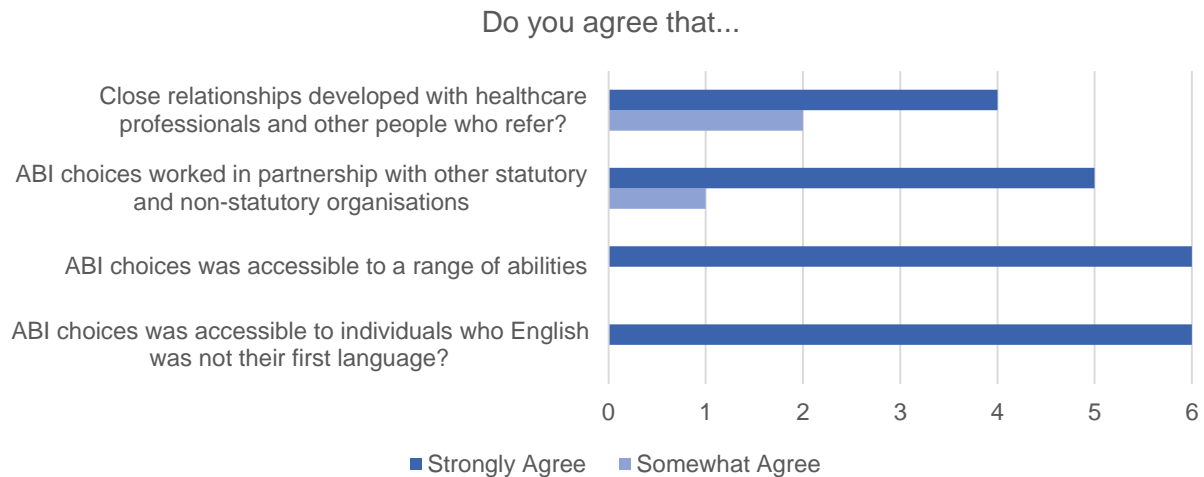
people of all abilities and to those where English was their second language. In relation to developing professional partnerships and relationships all responses were positive, 5 respondents strongly agreed and 1 agreed somewhat that ABI Choices worked in partnership with other organisations while 4 strongly agreed and 2 agreed somewhat that case workers were able to develop close relationships with healthcare professionals and others who refer (Figure 12).

Figure 11: Case worker responses relating to the quality of training and supervision received (n=6)



An opportunity to comment was provided following these questions. One case worker stated, “Since joining Cedar, I’ve been very impressed with the professionalism of the organisation... [professional support] has given me the confidence to interact with a wide range of health care professionals and others”.

Figure 12: Case worker responses relating to service accessibility and professional partnerships (n=6).

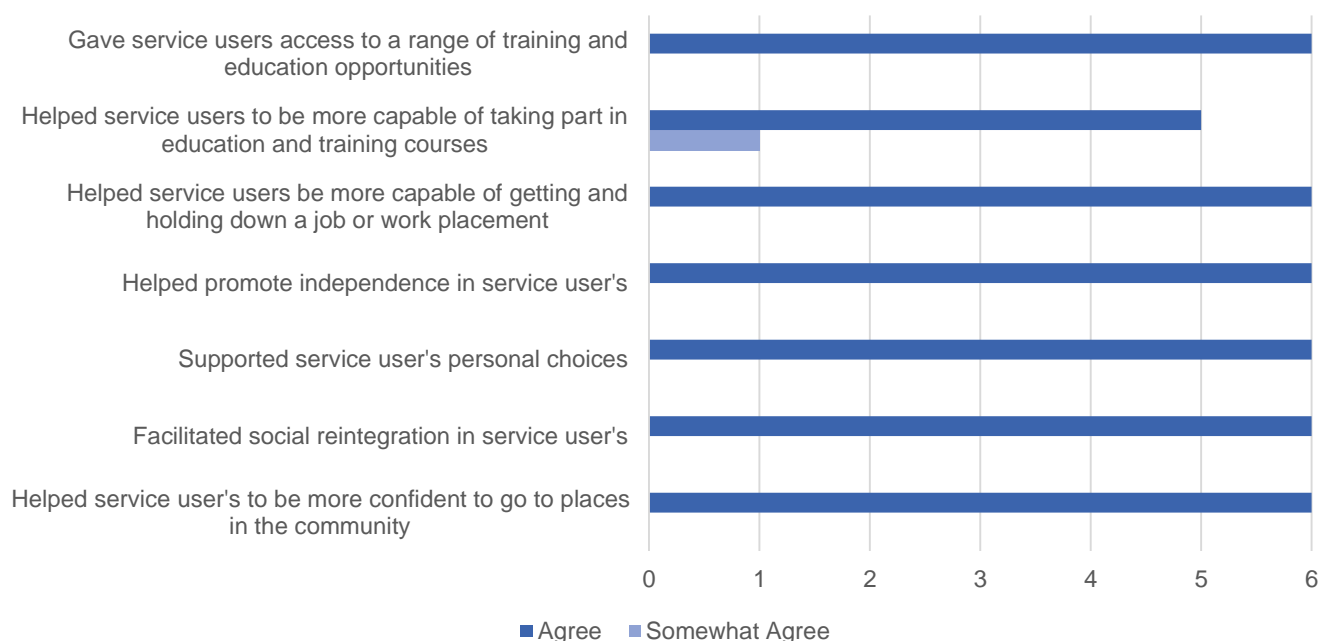


Evaluation of service results

Case workers also reported the beneficial effects they believed could be gained by service users through participation in the programme (*Figure 13*). All responses were positive, case workers strongly agreed with each of the included statements independence, personal choice, social reintegration and developing confidence to go out in the community. All 6 case workers strongly agreed that ABI Choices gave service users access to training/education/work and when asked about the programmes ability to help service users to be more capable in taking part in education/training 5 respondents strongly agreed and 1 agreed.

Figure 13: Case worker evaluation of the service and the benefits it can offer to service users (n=6)

Do you feel ABI Choices...



Key stakeholders

Demographic results

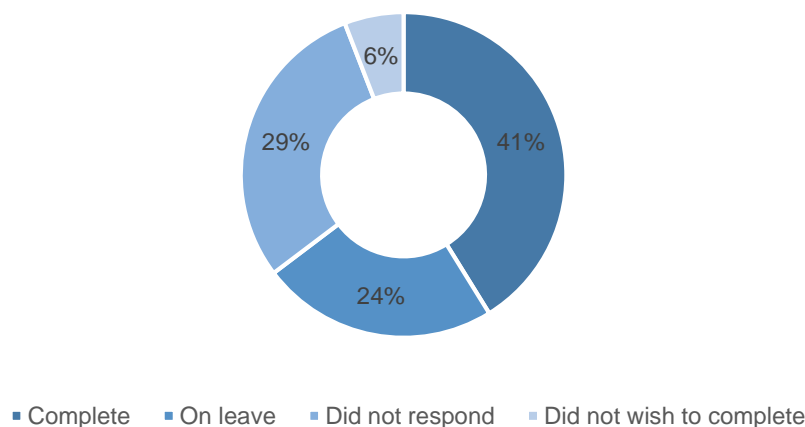
A total of 17 stakeholders were contacted and asked to contribute to the stakeholder survey for a comprehensive evaluation. Seven completed the survey (41.2%), 4 were on leave, 5 did not respond and 1 did not wish to complete the survey (Figure 14).

Respondents included a range of health care providers from various health trusts in NI and are listed in Table 6 below.

Table 6: Stakeholder profession and trusts in which they work.

Health care provider	n	Trust	n
Speech and Language	1	Belfast	2
Occupational Therapy	3	Northern	3
Social Work Practitioner	1	South Eastern	1
Clinical Psychology Consultant	1	Southern	0
Neuropsychology Consultant	1	Western	1

Figure 14: Stakeholder contact and responses to the survey (n=7).

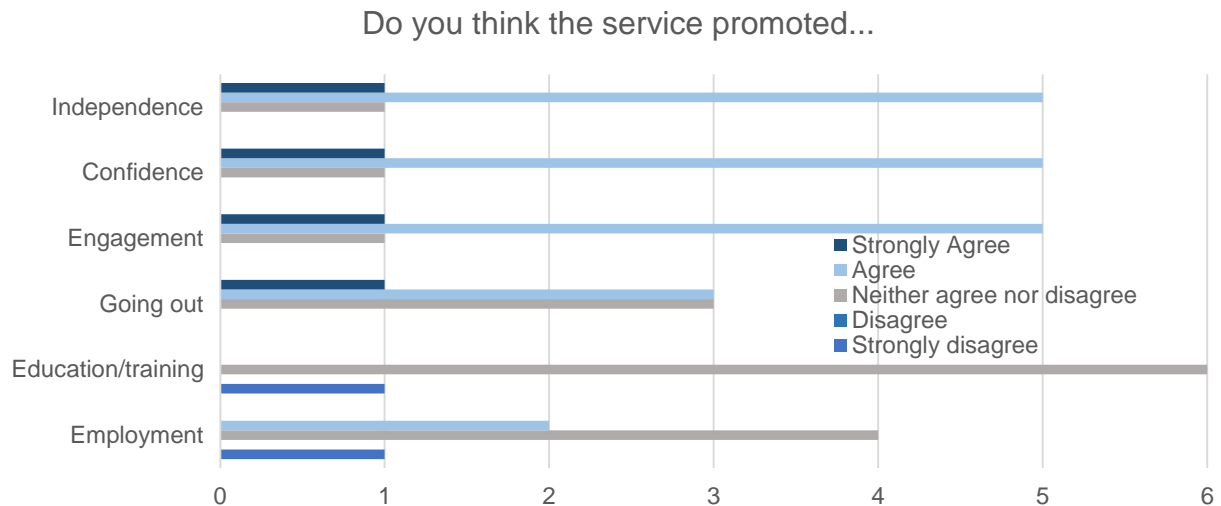


Evaluation of service results

Stakeholders were asked to report how they felt ABI Choices promoted a range of skills often affected by brain injury (Figure 15). These were the same areas which all other participants rated to evaluate the impact of the service however the rating scale differed. Including stakeholders provided another perspective allowing for a comprehensive evaluation to be completed.

Stakeholders were generally positive about the effect of participating in the programme on service users independence (n=6), confidence to go to places in the community (n=6), engagement in activities outside of the home (n=6) and spending more time out of the house (n=4). Generally stakeholders did not agree or disagree that ABI Choice promoted education/training opportunities (n=6) or employment (n=4) and to a lesser degree spending time outside of the home (n=3). In some cases stakeholders felt strongly that the service did not promote education/training (n=1) or employment opportunities (n=1). Figure 15 below illustrates these findings.

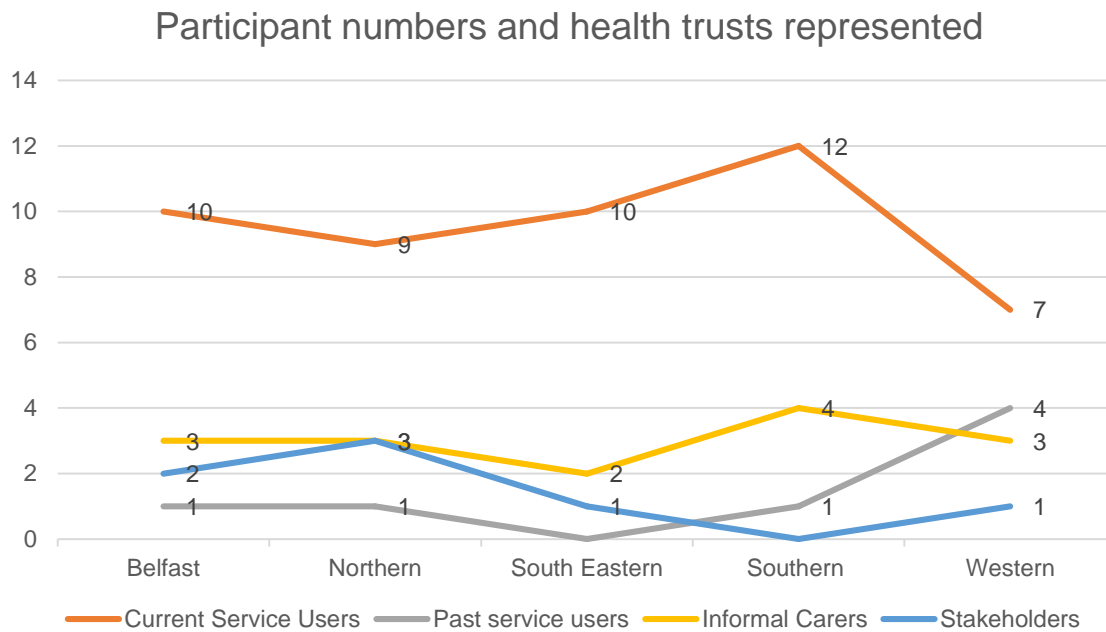
Figure 15: Benefits observed in service users by stakeholders due to participation in the programme (n=7)



Summary of quantitative findings

The ABI Choices programme provided by Cedar Foundation was evaluated by 5 distinct participant groups, current service users (n=51), past service users (n=7), informal carers (n=15), ABI Choices case workers (n=6) and key stakeholders (n=7), see *Figure 16*. All respondents completed a survey relevant to their group which collected data including important demographics, including living arrangements of those living with ABI and the care they receive, details about brain injury and its impact on the daily life of those who experience it (e.g. personal perspective, carer/family perspective) and information to assist with an evaluation of service provision. There were several commonalities across the surveys which allowed for comparison between groups.

Figure 16: Participant numbers (n) according to group and health trust

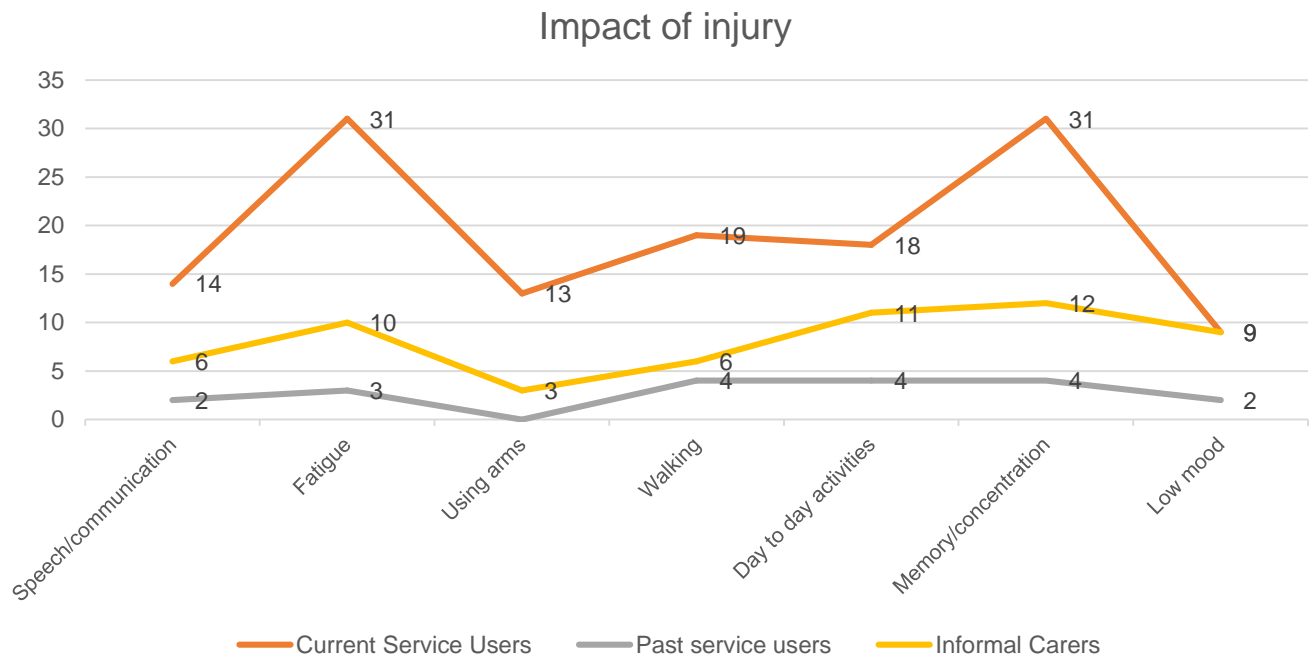


Service users (current n=51; past n=7) and those who provide their care (n=15) rated the impact of brain injury on 7 different areas of possible difficulty (*Figure 17*) including speech and communication, fatigue, using arms and walking, completing day to day activities, thinking, memory and concentration and depression or low mood. Participants responded on a scale of 4; daily, a lot, a little or not at all. Figure 17 includes those who reported being impacted daily only. Each group is described in detail in the earlier sections. There was general consensus across the groups that service users suffered most cognitively, with fatigue and in daily activities. Although physical difficulties were reported these were generally least reported by all participants. These results indicate high levels of consistency and honesty in participant responses, increasing study reliability.

Additionally, the same 3 participant groups; service users (current n=51; past n=7) and carers (n=15), rated 10 areas of potential improvement since joining ABI Choices. These included independence and doing more for themselves, confidence to go places in the community, engaged in more activities outside the home, more sociable and able to get on with people, easier to live with, happier, less depressed or moody, more capable of taking part in education or training, more capable of

getting and holding down a job or work placement, having more friends or companions and spending more time out of the house.

Figure 17: Impact of injury comparison across current (n=51) and past (n=7) service users and informal carers (n=15), illustration of **daily** impact only.

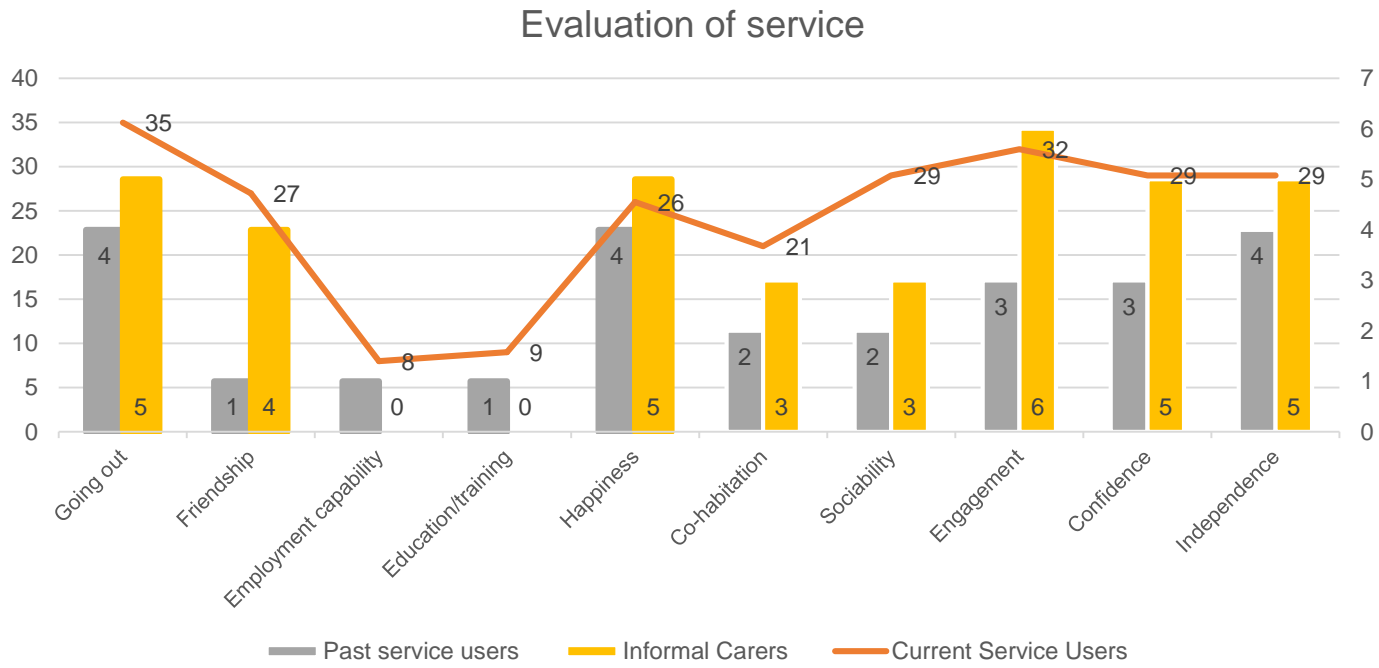


Participants responded on a scale of 4, definite change, some change, no change or worse. Figure 18 includes ratings of definite change only; all other ratings are described in detail in the earlier sections. Again, reports across the participant groups generally correspond with high numbers reporting improvements in going out and spending time out of the house, engagement in activities outside of the home, independence and confidence to go to places in the community.

Staff and stakeholders were asked to rate similar questions but not similar enough to be included in these illustrations. All staff believed that ABI Choices helped with confidence, independence, social reintegration, supported personal choice and helped service users gain access to education/training and employment or work placement.

Generally, stakeholders agreed that the service promoted independence, confidence and engagement, Responses relating to going out, education/training and employment were less certain.

Figure 18: Evaluation of service, comparison of scores across current (n=51) and past (n=7) service users and informal carers (n=15), illustration of definite change only



Qualitative Results

Open ended questions were used across all the surveys to allow participants to elaborate or give more detailed answers across questions such as, What do/did you find most helpful about the service? Is there anything more you feel the service could do/have done to provide you with further help and support? Is there anything you do/did not like about the service and would like to see changed? All questions are listed in *Appendix 2*.

These qualitative responses were independently analysed by the researcher and NVivo, a computer software programme designed to perform qualitative analysis was also used to identify and assess themes. Similar themes and subthemes were found using both methods and are outlined in the table below.

Table 7: Themes and subthemes identified derived from thematic analysis

Theme	Subtheme
1. Service advantages or benefits	<ul style="list-style-type: none"> • Personal growth • Community integration/participation • Social benefits • Practical benefits • Client-centred • Supportive environment
2. Service disadvantages or challenges	<ul style="list-style-type: none"> • Location • Contact method and frequency • Transport • Staff related issues • Lack of clarity • Service user related challenges • Activity related challenges
3. Potential improvements or changes	<ul style="list-style-type: none"> • Transport • Education/ training • Social opportunities • Mental health • Extended contact • Support for carers
4. Benefits of engagement	<ul style="list-style-type: none"> • Personal growth • Social benefit

	<ul style="list-style-type: none"> • Practical benefit • Health benefit
5. Lasting impact of service	<ul style="list-style-type: none"> • Personal development • Practical development • Improved health
6. Covid support	<ul style="list-style-type: none"> • Contact method and frequency • Support/advice • Creative solutions

A total of 6 themes, each containing a number of subthemes, were derived from all participant groups collectively (*Table 7*). Themes included 1) Service advantages or benefits, 2) Service disadvantages or challenges, 3) Potential improvements or changes, 4) Benefits of engagement, 5) Service impact and 6) Covid support. Each theme and subtheme is presented in the following sections and include a short description of theme/subtheme, the number of participants (*n*) who mentioned or referred to the subtheme in their responses and illustrative quotes. Due to the differing nature of participant responses, subthemes were tallied and a frequency chart was developed (*Appendix 2*). A list of all extracted quotes are included in *Appendix 3*.

Theme 1: Service advantages or benefits

All participant groups were asked to identify what they felt were the best aspects of the service or what they found most helpful. There was general consensus across all participants that ABI Choices promotes service users personal growth, sociability and community integration. A total of 17 participants, across all groups reported higher levels of confidence and independence (n=10). Current (n=10) and past service users (n=1) recognised this improvement in themselves, but equally these positive changes were observed by informal carers (n=2) and ABI Choices case workers (n=3).

*“[Case worker] gave me more confidence through her support with courses and daily living”
(Past SU)*

“She is more independent... she can go herself without me” (Informal carer)

“I have seen many service users take back their independence after losing it in such difficult circumstances, as usually are involved in brain injury” (ABI Choices case worker)

From a professional perspective stakeholders (n=2) reported how programme participation could boost feelings of confidence and independence in service users and recognised the important role of ABI Choices case workers in assisting with social and community integration.

“Social reintegration [through programmes such as ABI Choices] promotes independence and social inclusion” (Stakeholder)

“Meeting clients in public places such as coffee shops... takes them out of their comfort zone and promotes self-confidence and self-esteem” (Stakeholder)

In conjunction with the marked increase in service users confidence and independence, ABI Choices case workers conveyed a sense of job satisfaction. The personal benefits reported and experienced by service users such as increased confidence and independence has been rewarding for case workers. This sense of job satisfaction indicates a level of professional growth which is advantageous for ABI Choices case workers, the service they provide and those engaging with the service.

“I have been privileged to see the growing confidence of my service users. Even when using zoom to interact with service users, I have seen them gaining the confidence to interact more with their community and user groups” (ABI Choices case worker)

“It has been encouraging to see the folk growing in confidence... I firmly believe that ABI Choices has been a catalyst for giving people the ability to move forward in their personal and professional lives” (ABI Choices case worker)

Community integration can be influenced by factors such as the personal growth gained through programme participation, active engagement and enjoyment of activities. Participants (n=35) reported that going out and taking part in different activities was a positive aspect of the service and beneficial to reintegration.

“Meeting [case worker] made me leave the house, made me aware of all the opportunities out there otherwise I would still be sitting in the house” (Current SU)

“It gets him out of the house. He didn’t want to at the start but he is happier now and enjoys going” (Informal carer)

Nine service users and 2 informal carers reported that activities were enjoyable and service users had fun while taking part.

“There are different activities planned – you don’t just come to be left in a room” (Current SU)

“I look forward to [the group], meeting other people and doing activities like walking in the garden and doing cooking, a chef comes in and we learn how to make things at home. We also play Botcha which is good craic” (Current SU)

These social settings provide service users with opportunities to relearn and develop the skills necessary for positive community reintegration in a safe and supportive environment. A total of 16 participants reported that meeting and socialising with other people with brain injury was an advantage of the service. Group activities provide opportunities to meet others with brain injury which helps reduce feelings of loneliness and social isolation. It provides opportunities to learn about brain injury from others in the group with lived experience.

“It is useful meeting other brain injured individuals and meet others who had life changing events” (Current SU)

“More comfortable and relaxed with people like yourself, no judgement, no criticism for any odd bits of yourself” (Current SU)

“Clients have met other people who have had brain injury and this usually helps with recovery” (Stakeholder)

The social aspect of the programme was recognised as a key benefit by all participant groups. A total of 34 participants (current (n=23) and past (n=2) service users, informal carers (n=5), stakeholders (n=3) and case worker (n=1)) reported the social benefits to be gained from participation.

“My service users have greatly enjoyed the social aspects of meeting together in a safe and caring environment” (ABI Choices case worker)

“Provides opportunity to reintegrate in community, peer support, develop communication skills and meet new friends” (Stakeholder)

“Socially I had big issues but groups really help this” (Current SU)

“Gives fellowship... plenty of laughter and mixing with people” (Current SU)

Participants also identified other practical factors which can also contribute to effective community reintegration. Establishing a routine was an important practical advantage to some current service users (n=3).

*“It was nice to have a new routine and something to put you out of your comfort zone”
(Current SU)*

“Helps to pace the week” (Current SU)

“Helps rebuild routines” (Stakeholder)

This routine was helpful for both service users and carers with attendance at programme activities providing carers and families with regular breaks. This respite was viewed as positive by both carers (n=2) and ABI Choices case workers (n=1).

“On the day he goes [to ABI Choices activities] the family gets a break” (Carer)

“Relives pressure from family members and carers” (ABI Choices case worker)

Another notable benefit reported by all participant groups was the supportive environment provided by Cedar to promote social and community inclusion. Current (n=14) and past (n=2) service users, informal carers (n=8), case workers (n=4) and stakeholders (n=4) all referred to the support they felt was offered by ABI Choices case workers

“Cedar is a support mechanism; they are a call away; they listen and never judge. Always there to help” (Current SU)

“It has been a great help... and the only service we have access to that provides opportunities” (Carer)

“I know the families of our service users appreciate the wider horizons that we offer their loved ones” (ABI Choices case worker)

Carers (n=4), Case worker (n=4) and stakeholders (n=1) reported that the support received through ABI Choices was due to the client-centred approach implemented by case workers designed to empower and develop service users personal capacity

“The person-centred approach means each individual receives a service tailored to their own needs. All case worker are friendly and genuinely care about the individuals they support” (ABI Choices case worker)

“Invaluable service individualised to each person and their achievements” (Past SU)

“Needed someone to help me with appointments (hospital, organising travel to appointment, flights to London etc). Very happy with the organisation of this (BI Matters and Headway said they couldn't help” (Current SU)

“[Case worker] didn’t make her do anything, just supported her until she was ready” (Current SU)

Further to the support provided to service users, informal carers (n=3) also reported the supportive environment available for carers through Cedar mechanisms and peer support from those with lived experience providing care.

“Support for me as well and being able to meet the group” (Carer)

“Everyone is so good and people are experiencing the same emotions but each one has their own situation and I felt that people could talk to me” (Carer)

Theme 2: Service disadvantages or challenges

In addition to positive aspects of service provision, participants were asked to identify any limitations or challenges relating to the ABI Choices programme. An open-ended question asked participants if they was anything they didn’t like or if there were any challenges associated with delivering the service. The majority of current service users (n=33) and informal carers (n=11) reported they were entirely satisfied with the service and there was nothing they did not like. Some practical challenges were identified, largely by stakeholders and ABI Choices case workers, however few disadvantages relating to the service or participation were reported.

Participants (n=4) identified location as a disadvantage for various reasons including the geographical areas covered within each health trust and the availability of local support. Reports indicate that service users prefer to attend local activities however some local areas may be better resourced than others.

“Local support is so helpful – not Belfast based which makes a difference” (Current SU)

“Service users prefer services closer to them” (Stakeholder)

“Limitations of living in Limavady” (Current SU)

Providing this individualised and local service to each service user however could be challenging for case workers to manage.

“Large geographical area for staff to cover” (ABI Choices case worker)

Closely associated with location are issues surrounding transport. This was the most reported limitation amongst participants. Past service users (n=1), ABI Choices case workers (n=4), informal carers (n=2) and stakeholders (n=1) listed various reasons why transport can be problematic for service users.

“Transport is one of the main barriers for participants to engage in community activities. Community transport is limited and often unreliable and not all participants can use public transport or afford taxis” (ABI Choices case worker)

“Travel barriers for service users can be challenging at times and case officers look at ways to overcome this barrier as it can be stressful for participants if they had to do so independently” (ABI Choices case worker)

“Transport is an issue, I would be very nervous driving, [case worker] tried to get them to cross districts but to no avail” (Carer)

“Transport costs are not covered for service users” (ABI Choices case worker)

A small number of other challenges reported by stakeholders and ABI Choices case workers include difficulties specifically related to staff, service users and activities. Stakeholders (n=1) reported that a change of approach could be beneficial to the service, however service users report being appreciative of the understanding and supportive environment provided by Cedar.

“More assertiveness required on some occasions – both with people who are not engaging to move them off the programme, and with people who need extra encouragement to engage purposively” (Stakeholder)

“I really appreciate the service; they encourage me but work at my speed; they don't push if I'm not ready. This was especially the case when I was in a controlling and coercive relationship, I received great help from Cedar and Women's Aid, providing support until I was ready to leave and go through court” (Current SU)

“Got an excellent balance not being saturated with info and all done at your own pace” (Current SU)

Engagement and motivation were identified as problematic by both stakeholders and case workers despite the application of the client-centred approach.

“It is sometimes challenging to motivate certain service users who aren’t ready to receive the help” (ABI Choices case worker)

“Some service users have multi-complex needs, which can impact on their engagement” (ABI Choices case worker)

Factors such as engagement and motivation however could be directly affected by challenges related to the activities available locally, the method of contact and frequency. Although activities are often unsuitable due to ABI related difficulties, reports from service users remained positive.

“Community activities often are not suitable for participants (ABI Choices case worker)

“Programme is good for people who are house bound and useful for getting people back into the community” (Current SU)

There appears to be conflicting reports on the use of online platforms such as Zoom and how useful they are to promote social opportunities and build personal capacity. A small number of current service users (n=3) listed online interactions as a service disadvantage. However this was not the view of all respondents. Others felt that providing an online option to participate increased inclusivity and offered service users a choice.

“Don’t like zoom” (Current SU)

“Not meeting in person” (Current SU)

“Zoom is better for learning and thinking about things. Face to face is good but being in a group can be difficult and can put you off” (Current SU)

Stakeholders (n=3) outlined other difficulties relating to service structure and aims including a lack of clarity around the geographical area covered within each health trust, the service provided by ABI Choices and how this differs to the trust provided Brain Injury Service.

“South Eastern Trust Brain Injury Service covers the whole Trust, as far as I am aware Cedar ABI Choices cover Belfast area and more recently Bangor” (Stakeholder)

“There is some overlap as Brain Injury Service also provides brain injury education... Client can be confused as to which professional belongs to which service and how we all fit together” (Stakeholder)

Theme 3: Potential improvements or changes

Reflecting on the positive and negative aspects of ABI Choices provided participants with the opportunity to suggest any potential changes they felt could improve the service. The majority of participants (n=27) including current (n=14) and past (n=6) service users and informal carers (n=7) were satisfied with the service provided and felt that no improvements were required.

Transport was the most suggested improvement. Current (n=4) and past (n=1) service users, carers (n=2) and ABI Choices case workers (n=4) all conveyed that by providing a travel budget or supplying transport, service provision could be improved.

“Transport budget for service users” (ABI Choices case worker)

“He no longer drives so a bus/van or funding for taxis would be a great help” (Current SU)

“If someone could take her out in the car, collecting her and taking her home” (Carer)

The improvement most often reported by current service users (n=6) was extended contact. This included more frequent contact and for longer periods of time but also having a variety of face to face and online options catering to all service users.

“More days and longer” (Current SU)

“If they could do more for more severe people who aren’t out of their house” (Current SU)

“During lockdown they did have classes online using zoom – she appreciates that things have somewhat got back to normal but there is some days she doesn’t feel like doing anything so it would be nice to have a zoom option” (Current SU)

Informal carers (n=2) also felt contact could be improved including extended contact for service users but also more open and available contact when joining the service.

“The only thing is it’s not long enough; two hours is too short; 3 hours would be more beneficial” (Carer)

“More contact at the start to let people know what is available and where to get information” (Carer)

Education and training was another potential area for improvement. Current service users (n=4), informal carers (n=1) and ABI Choices case workers (n=2) all noted how beneficial more education could be for everyone involved in the service. This included brain injury specific training for staff which could also be useful for carers and service users.

“People don’t realise the effect that once they leave in an ambulance, they come back a different person and families need help from the very start” (Carer)

“More brain injury training for staff, more inhouse training for service users - specific to their requests” (ABI Choices case worker)

Practical training sessions to assist with community reintegration were also reported. Participants felt that learning basic skills such as computer literacy, budgeting and managing finances would be useful and including these sessions would improve the service.

“Help with technology/computer – individual 1-on-1 training” (Current SU)

“I find it very difficult with her finances” (Carer)

Other improvements mentioned by current service users included improved social opportunities (n=3) and mental health support (n=2). Socialising outside of the group setting and getting out and about was viewed as a potential improvement.

“Going out and doing more things like coffee or trips” (Current SU)

“Go out somewhere when weather is good” (Current SU)

In relation to mental health, some reported that more support would be beneficial while others felt that ABI Choices and the case workers provide adequate support.

“ More support for depression” (Current SU)

“At beginning really struggled with mental health but now with [case worker] help, really feel I am getting the right support” (Current SU)

Providing additional support to carers was also mentioned in some instances (informal carers n=3). Although support was offered in some cases, the service could

be improved but offering more suitable times or checking in by phone call. Other reports indicate that support could be improved.

“Cedar did provide some chances but unfortunately clashed with my times, felt I lost my independence” (Carer)

“Carers are not thought of in anything, people don’t realise it’s a 24 hours a day job” (Carer)

However this was not the view of all. Other carers and service users felt that carer support was adequate reporting good communication with case workers

“[Case worker] worked with her and very good with communication with me and they had a great relationship and connection and giving me updates” (Carer)

“Great for a chat and great chat and support for my mum too” (Current SU)

Theme 4: Benefits of engagement

ABI Choices case workers, current and past service users were asked to share how they felt they have changed since joining the service. The vast majority reported some level of change. One past service user reported ‘no change’ and 4 current service users reported ‘a little’ change but did not specify further. Participants reported many positive changes gained through programme engagement, these could be largely categorised into personal growth, social, health and practical benefits.

Personal growth included a number of capacity building elements including increased confidence, understanding, independence, positive outlook, self-esteem and motivation. Current (n=13) and past service users (n=2) and ABI Choices case workers (n=5) all reported higher levels of confidence.

“More confident more aware of what I can and can’t do, and not worry about things you can’t do” (Past SU)

“I am more outgoing, before I would have been anxious about going out – I would have needed to plan it but now I am more confident” (Current SU)

“Coming to terms with ABI and accept it took quite a long time. She is not quite there but the groups are excellent. They help you to learn to live with it and manage it better.

Confidence has grown and she doesn't feel as afraid or embarrassed, she feels now that if she is vague or forgetful, she is comfortable saying why" (Current SU)

"I see these benefits daily in the increased confidence and social awareness of my service users...The care and commitment shown by the ABI Choices team has been noted and commented on by my service users. The benefits of this can be seen in increased confidence and an ambition to attempt more challenging activities" (ABI Choices case worker)

Other benefits of engagement reported by current service users included increased independence (n=7), self-esteem (n=8), motivation (n=2), understanding (n=2) and a more positive outlook (n=4). These reports were supported by case worker observations with case workers reporting increased confidence (n=2), self-esteem (n=1), motivation (n=1), understanding (n=3) and a positive outlook (n=2). These reported improvements were achieved through support provided by the programme and its case workers.

"I have changed completely. It has kept me on the straight and narrow, helped me focus. Taught me how to focus and refocus" (Current SU)

"I can now explain my injury which is great help. Service took time to break down the explanation of how the brain works-so helpful" (Current SU)

"To gain more understanding and insight into themselves, whilst developing themselves personally. The services offers support which gives the service user a sense of security when they need help/signposting" (ABI Choices case worker)

Participants also reported a number of social benefits gained through participation in the programme and the opportunity for peer support. Current (n=3) and past (n=1) service users reported being more sociable and outgoing and this improvement was noted by case workers (n=5).

"It has helped seeing others come out of themselves with my help" (Current SU)

"Another benefit I have seen is the social impact of the service. My service users have greatly enjoyed the social aspects of meeting together in a safe and caring environment" (ABI Choices case worker)

Physical and mental health improvements were also reported by ABI Choices case workers (n=2), current (n=1) and past service users (n=2). Although service users health has reportedly improved since joining the service, they continue to be a

working progress for participants to navigate due to the difficulties often associated with acquired brain injury. ABI Choices however appears to provide the support required by service users.

“I have seen big changes, even my mood which can really get me down” (Current SU)

“Have been in a very bad place in the past, bad depression and issue with painkiller but coming to cedar helped but still don’t feel right” (Current SU)

“Much more positive outlook on life and feeling more positive about the future. As brain tumor is inoperable it is only going to get worse. Mental health would’ve been much worse without the service and as a single person it is great for help and support” (Current SU)

Additionally, participants reported various practical benefits which have contributed to how they have changed since joining the service. Current service users and case workers reported the positive influences associated with improved routine and organisation (n=5; n=1 respectively).

“Before Cedar I just sat about in tracksuits now make more an effort. It gives me structure.

Got me back into real life, into society again, mingling with real life people” (Current SU)

“[Case worker] recommended the use of 'boards' for my walls, plan my week, things I need etc.” (Current SU)

Theme 5: Lasting impact of service

All participants, with exception to ABI Choices care workers, were asked to consider the lasting impact of service engagement. A total of 32 participants including current (n=24) and past (n=2) service users, informal carers (n=5) and stakeholders (n=1) reported a positive impact and were confident these changes would be maintained long term. Two current service users were unsure if participation would have a lasting impact and 8 current service users did not respond to this question. Some participants reported some impact (current service users n=6 and carers n=1) and 2 participants (past service users n=1; carer n=1) felt that the service did not provide a positive and lasting impact for service users.

Areas of impact identified by participants corresponded closely with the initial benefits of engagement reported by participants and include personal development, practical development and improved health. Participants personal development incorporated increased confidence, independence, motivation, sociability, communication and brain injury knowledge and awareness. Current service users (n=5), carers (n=2) and stakeholders (n=2) reported that active engagement in the programme improved service users confidence, independence and sociability were other key factor reported by current (n=3; n=2) and past (n=1; n=1) service users, carers (n=1; n=2) and stakeholders (n=2; n=4).

“It gave her a good foundation to build on. She is more confident and happier in herself, more social and it helped implement doing things, she has got more motivation and the programme helped keep the motivation going” (Current SU carer)

“I have progressed enormously- I keep a diary since the beginning (and videos) and can see how far I have come. I look at the improvements made- less lost, less verbal errors” (Current SU)

“It has given me back some independence and life. Mondays mean the world to me” (Current SU)

Increased knowledge and awareness was also reported as beneficial to promote understanding and empathy but also necessary to help maintain any improvements. Being informed was recognised as important by past service users (n=1), carers (n=3) and stakeholders (n=2) and related to brain injury knowledge but also community reintegration and the opportunities available upon completion of the programme.

“[Cedar] made us more aware about people with brain injuries and some people brain injuries are not always visible, so we now are more aware” (Carer)

“Clients have better knowledge about what activities are available in their area which will improve their recovery” (Stakeholder)

“In terms of making connections in the community and getting out to join classes and activities. She is now able to take this forward and build on it herself” (Current SU)

In conjunction with their personal development, current and past service users (n=3; n=1) reported a noticeable improvement in their cognitive ability, anxiety levels and

stress management, leading to improved health and wellbeing. Participants reported that learning and developing skills to improve their health through ABI Choices will help foster a positive and lasting impact.

“Learning how to manage stress always comes in useful” (Current SU)

“My memory problems are improving” (Past SU)

Conversely, stakeholders (n=2) considered service impact pragmatically and recognised that building on service users personal development with practical skills can help extend maintenance.

“Very useful additional community support on a medium to long term basis” (Stakeholder)

“Clients are more knowledgeable about what resources are available to help them such as bus passes and Headway ID cards” (Stakeholder)

Theme 6: Covid support

Current and past service users were asked to comment on the support they received during Covid. The majority of responses were positive relating to the support and/or advice they received during this time and the contact method and frequency; a combination of phone calls, emails and online communications were used by case workers to maintain contact with service users during lockdown.

“Great support during covid. Phone calls from [case worker] who kept in touch to make sure you're all right” (Current SU)

“It was very nice to receive a phone call to say how I was getting on” (Past SU)

“I received emails and phone calls and was sent reminders by email” (Current SU)

“Cedar made it clear they were always just a phone call away” (Current SU)

Service users considered the advantages and disadvantages of online contact and appreciated the creative solutions offered by ABI Choices to maintain contact and encourage engagement.

“Can't really remember but I do think I got phone calls. Took part on Friday zooms - but zoom not really for me” (Current SU)

“Option to login to virtual classes... These little things made the difference” (Current SU)

“[Case worker’s] Spanish class was brilliant. it got her into learning a foreign language which was amazing getting to learn some words” (Current SU)

However some service users found the restrictions imposed during covid difficult to manage despite the help and support available through the programme.

“Disengaged during this time. I knew there was things going on but didn’t want to do it” (Current SU)

“Very bored during covid, I didn’t like the routine gone” (Current SU)

Eighteen service users (current n=13; past n=5) did not provide a comment relating to covid support.

Discussion of results

The aim of this evaluation was to assess and evidence the impact of the ABI Choices programme using a mixed methods approach. Quantitative and qualitative Data were collected from 5 distinct participant groups who engaged with ABI Choices including current and past service users, informal carers, ABI Choices case workers and key stakeholders. A combination of standardised surveys and open-ended questions provided a rich and complete dataset, necessary to accurately assess impact and demonstrate outcomes. All surveys, including open-ended questions were purposefully designed with a degree of commonality to allow for comparison both within and between participant groups. Frequency analysis was conducted on all quantitative data using the statistical software SPSS and thematic analysis was applied to all qualitative responses.

Commentary on process and methodology

This piece of research was meticulously designed to capture all important and relevant data required to comprehensively evaluate the Cedar Foundation provided service ABI Choices. This includes the mixed method approach applied during the design phase and data collection. Great efforts were made to engage all relevant parties to maximize participant numbers in each group. All individuals who had interacted with the service, personally or professionally, were approached to contribute. Those who agreed to participate were offered a variety of methods to complete the survey including face to face, online and by telephone and if requested, assistance from the researcher was provided read out the questions and write in participant responses. Key stakeholders were contacted by email and those who didn't respond

Brief results summary

A total of 86 participants responded to the survey, 71% of the target population. Participants provided both quantitative and qualitative responses using a survey developed specifically for each participant group. Quantitative methods were used to gather important information relating to the impact of the brain injury on service users from a personal perspective and from those who provide their care and provided an

opportunity for participants to evaluate the service provided in relation to 10 areas of difficulty often associated with brain injury. Demographic information was used to assess any observed differences in outcomes and experiences based on demographic or service experience.

Open-ended questions incorporated into the survey enabled participants to support their quantitative responses with more detail. During analysis a 6 key themes and a number of subthemes were identified and included information on general advantages and challenges relating to the service was provided by participants, along with the benefits and impact of engagement. Additionally, some suggested changes to improve the service were offered by participants. The frequency of responses were also recorded to determine how often particular subthemes were reported within and across the groups.

Commentary on individual participant groups

Reports from current service users were overwhelmingly positive. A large proportion of respondents are satisfied with the service currently provided and felt that no changes are required. In a small number of cases participants felt the service could be improved by offering more hours, providing more education/training guided by participant needs, assisting with transport and facilitating more social opportunities outside of the group setting. However, the number of suggestions were minimal in comparison to the number participants reporting huge benefits to their personal, social and practical development. Service users reported increased confidence, independence, self-esteem and motivation facilitated by the supportive environment provided by ABI Choices case workers. These changes were associated with improved health and the development of organisational skills.

Past service users were similarly positive about ABI Choices. The large majority of participants in this group also felt no improvements were required with transport being identified as the only issue and an area which could be improved. Past service users provided more positive feedback on the immediate and long-term benefits of engaging with the service and what they found most helpful. Past service users reflected positively on the support and advice they received from ABI Choices staff

and the personal growth they experienced, particularly in their levels of confidence and independence. There was reference to the maintenance skills developed during the programme and how these have been advantageous since completion.

The perspective of informal carers was an insightful addition to the data which correlated well with information provided by current and past service users. As expected, a large proportion of carers were female and tended to be family members, many of which reported improvements in their loved ones since beginning the programme. The feedback was generally positive with many reporting they were entirely satisfied with the service and no improvements are required. Some indicated that additional training, help with transport and extended contact, either longer sessions or more days would be useful. Some also felt that support for carers would be beneficial. Despite these suggestions, carers were hugely positive towards the service, staff and activities provided. Carers appreciated the application of the client-centered approach which they believe contributed to increased confidence, independence and sociability in those who they care for, but also the respite the service provided.

The range of positive responses provided by ABI Choices case workers indicates high levels of job satisfaction and professional reward. It is clear case workers believe in the service, rating all areas highly including their professional development and the inclusivity of the programme for service users. Feedback on Cedar provided training and supervision was also largely positive. The advantages of the service undoubtedly outweighed the challenges. However, reported challenges included transport for service users and the large geographical areas to be covered by some case workers in larger trusts, fostering motivation in service users and sourcing suitable community-based activities. According to participants this is a hugely beneficial service for individuals with ABI and huge improvements have been observed in service users personal growth, social development and health achieved through the care and support provided by case workers and the individualised care they provide.

Incorporating key stakeholders from a variety of health care professions was beneficial to gain a broader understanding of service user needs and the service provided from a professional perspective. As with the other participant groups,

stakeholders were generally positive about ABI Choices and any challenges and improvements were pragmatic. Participants reported a lack of clarity for both staff and service users which can be confusing, transport/location was also noted with participants recognizing that service users prefer to attend local groups, if no suitable groups are available this can be a barrier. However, stakeholders reported many benefits of engaging with ABI Choices largely relating to social opportunities, knowledge acquisition, developing practical skills and personal capacity building. ABI Choices case workers were also commended for the encouraging and supportive environment they provide to service users despite the challenges often associated with working with ABI and community-based services. Some suggestions for improvement were provided and are included in the recommendations section of this evaluation.

Inconsistencies between participant groups

Although few, some contradictory reports between the key stakeholders and other participant groups became apparent. Stakeholders felt that ABI Choices case workers could be more assertive to either motivate or discontinue service provision however responses from case workers acknowledged the client related challenges, which was some felt was difficult to manage. A stakeholder noted that a change of approach could be beneficial to service provision however this is not a view held by other participant groups. Service users and carers clearly reported how they appreciated and valued the time spent by case workers to develop and use a client-centred approach, working at a pace determined by service users and focusing on developing motivation when service users were having difficulty. Case workers could also see the benefit in terms of engagement, commitment and outcome if they were led by the client.

There also appeared to be some discrepancy between the groups relating to ABI Choices and its capability to help service users gain employment/work placement or begin education/training. This could be due to a lack of clarity and understanding on the aims and objectives or the programme. Clarifying the roles and responsibilities of the service users and case workers, explaining how these differ to trust provided

programmes and describing how services fit together for maximum impact could be beneficial to all participants.

The effect of covid on community services

Covid-19 was first detected in Northern Ireland in February 2020 resulting in a lengthy period of lockdown lasting for approximately 4 months; only 13 months after ABI Choices service delivery began. This was followed by two shorter periods of lockdown in October 2020 and December 2020. Due to the ban on non-essential contact, the social distancing measures place and the emphasis on protecting those in the community who were considered vulnerable, this was a difficult time for community services such as ABI Choices to navigate. Service providers had little time to prepare alternative arrangements following the closure of all community based activities and guiding and supporting staff and service users through the regulations in place and the anxieties associated with the pandemic was uncharted.

The potential impact on service user engagement and outcome could have been directly and dramatically impacted by covid therefore it was important to ask participants to comment on their experiences of the programme during this time and the support they received. Service users welcomed how regular contact was maintained with case workers and the various methods utilised that were most suited to the service users e.g. telephone and video calls and emails. Video calling using Zoom was controversial with some positive and negative reviews however to many it was a lifeline, providing face to face contact during an unprecedented time of social isolation. Participants also reported receiving excellent IT support with case workers assisting to get service users set up and familiarised with Zoom in order for them to engage and participate fully. The availability of virtual classes and certified courses was also reported to be a valuable addition to the programme.

As well as this, it is important to consider the impact covid had on the planned delivery of this service. With community groups/activities disbanded during covid and in essence for 18 months little community activity occurring (with some community opportunities not re-opening after covid lockdowns). The ability for Cedar to provide the original commissioned service was not possible, but participants acknowledged

and appreciated the pivot of services and attempts to adapt this service in light of these challenging circumstances.

Evaluation strengths and limitations

This independent evaluation had many inherent strengths at each phase of the project including the mixed method design and comprehensive approach to recruitment and data collection. The combination of complementary quantitative and qualitative measures provided a rich and complete dataset incorporating the views of 5 unique participant groups who have interacted with the service in some capacity. In general, response rates were satisfactory. A high proportion of current service users (79%) contributed however past service users and informal carers were more difficult to engage in the evaluation as they are typically hard to reach groups. Despite this however, the sample was representative of all genders, ages and health trusts and many of the relevant health care professions (stakeholders only).

To ensure all perspectives were being included great efforts were made to recruit participants for each group and a range of data collection methods (e.g. face to face, online, telephone call or paper) were offered for participants to advocate inclusivity. However, a possible limitation of this research is the expectation of accurate reporting from participants. The data collection method relied on participant honesty and openness. It is assumed that this was the case however there were some instances, particularly when discussing the impact of brain injury on speech and communication where service users reported experiencing no difficulty, despite an obvious difficulty being present. In these instances the researcher recorded service user reports. Nevertheless, individuals personal and professional views were collected and collated providing the comprehensive information required to conduct a thorough and accurate evaluation. Although surveys were comparable across groups, there was some difficulty combining group responses for a direct comparison. Results from some groups could be collated and compared but this was not possible for all groups.

Detailed data analysis was conducted by a fully trained and competent researcher using specifically designed computer software programmes with low levels of data missingness and high levels of reliability and validity found. Furthermore, responses between participant groups correlated indicating good levels of consistency in reporting. For a more detailed evaluation and analysis, measures of outcomes at baseline and programme completion would be useful to accurately measure the impact of the ABI Choices on outcomes of interest.

Meeting of Service Objectives

- **Objective 1: To provide people with ABI with the opportunity to access a range of training and education opportunities in a supported way that will support their post-injury rehabilitation and also meet their future vocational and employment needs.**

To evaluate if ABI Choices had met this objective, the research team developed five surveys to comprehensively evaluate the ABI Choices programme from the perspective of current and past service users, informal carers, ABI Choices case workers and key stakeholders. In these questionnaires, several questions were relevant to this objective. Current and past service users were asked what activities they participated in at ABI choices, did they feel there had been any change in taking part in education/training as well as an opportunity to elaborate on the helpful parts of ABI choices.

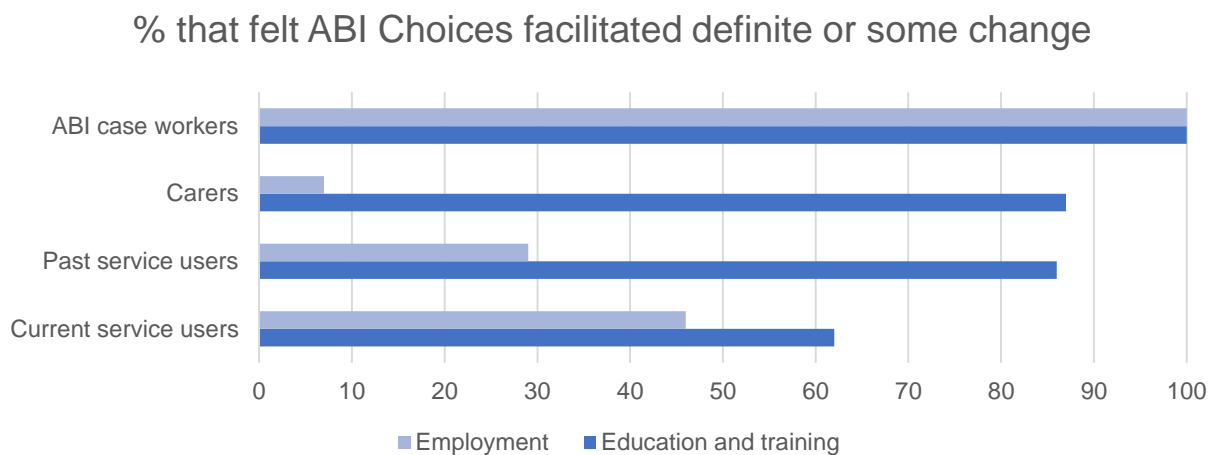
Figure 2: *Infographic demonstrating the range of activities participants took part in via ABI choices (when asked in the questionnaire) relevant to objective 1*



When current service users were asked if there was a change since joining ABI choices in taking part in education or training, 62% reported definite change or some change. 46% of current service users saw definite or some difference in their ability to

get or hold down a job or work placement. Of the past service users, 86% felt it changed their ability to participate in education or training. However, only 29% felt it changed their ability to get or hold down a job. 87% of carers felt ABI choices changed their ability to take part in education. However, only 7% felt it had a change in employment opportunities.

Figure 3: % of participants that felt ABI choices facilitated definite or some change in taking part in education or training and ability to get or hold down a job or work placement.



It can also be demonstrated via the participant's open-ended (opportunity to elaborate or speak freely about their experience) that they felt supported to explore education, training and work placement opportunities.

"[Case worker] gave me more confidence through her support with courses and daily living" (Past SU)

"Clients have better knowledge about what activities are available in their area which will improve their recovery" (Stakeholder)

"In terms of making connections in the community and getting out to join classes and activities. I am able to take this forward and build on it herself" (Current SU)

"It has been encouraging to see the folk growing in confidence... I firmly believe that ABI Choices has been a catalyst for giving people the ability to move forward in their personal and professional lives" (ABI Choices case worker)

*Meeting [case worker] made me leave the house, made me aware of all the opportunities out there otherwise I would still be sitting in the house" (Current SU)
They were very supportive and getting (SU name) into courses that he is interested in so he can continue with his hobbies" (Carer)*

This demonstrates that ABI Choices is "providing people with ABI with the opportunity to access a range of training and education opportunities in a supported way", as set out in the service specification. However, there may be further work around job and work placement. The impact of covid and the opportunity to take part in work placements during the lockdowns may have impacted this. Individuals who have a goal of employment and vocational training are not typically referred to ABI Choices, rather to Cedar's Employment Support Service. This is a short-term, goal directed service orientated specifically to work and training. ABI Choices has evolved since its inception to meet the needs of those with long-term support needs for inclusion, building capacity to engage in opportunities for social engagement. A potential outcome for some is moving into the Cedar specialist BI Employment Service if they choose to pursue those goals.

The impact that improvements reported by service users on their daily life, may contribute to future ability to participate in education/training and work placements. Participants, including current/past service users and carers, reported definite and sustained changes in confidence, independence, engagement and going out. These changes act as building blocks as part of the rehabilitation/recovery process, that may lead to an increased likelihood and ability to continue to work towards education and employment opportunities. This can be seen in Figure 1, which demonstrates definite change across several key areas.

From the evidence and data, it can be concluded that ABI Choices met objective 1.

- **Objective 2: To deliver 22,775 training hours per annum for a minimum of 65 individuals.**

Table 3: *The number of hours delivered by ABI Choices in each year*

Training Hours - ABI Choices

Annual Target	22,775	
2019	21,880	= 96% to target
2020	18,072	= 79% to target
2021	32,826	= 144% to target
2022	23,154	= 102% to target
Average 2019-2022	23,983	=105% to target

It can be seen from Table 3 that ABI choices met and exceeded its target training hours in 2 of the four years. In the first year of Service, the target hours were marginally below the target (only 4%), this is often due to the challenges of setting up a new service. The only year that was not close to meeting the target was 2020, this was due to the substantial disruption caused by COVID-19, the subsequent lockdowns, isolation for vulnerable adults and the suspension of in-person meeting/training opportunities. Significant efforts were made to ensure that continued contact and support was offered during 2020 by Cedar staff, which is supported by client and carer feedback for example:

"Cedar also got her set up on Zoom which was a real lifeline during covid" (Current SU carer)

"Great support during covid. Phone calls from [case worker] who kept in touch to make sure you are all right" (Current SU)

"[Case worker] gave floating support during covid. She went above and beyond and helped with getting moved and help with benefits" (Current SU)

Despite the ongoing challenges of COVID-19 that persisted in 2021, the training hours are 44% over target.

Table 4: Occupancy - ABI Choices

Annual Target	65 individuals (% target achieved)	Year end number
2019	90 (139%)	= 62 at year end with 28 leavers across the year
2020	79 (122%)	= 75 at year end with 4 leavers across the year
2021	77 (119%)	= 77 at year end with 19 leavers across the year

2022	103 (159%)	= 76 at year end with 27 leavers across the year
Average 2019-2022	87 (134%)	

The number of service users was met every year, with 3 of the four years having reached the target number by the end of the year. The target number is met and exceeded 2020-2022, demonstrating excellent Service uptake. As is expected with services, there are leavers across the year. Cedar has kept detailed records on the leavers to ensure no systematic issues, to help monitor referrals and modify any specific engagement issues. The leavers in year 1 (2019) were highest, partly due to several clients being referred to ABI choices that may have been more suitable for other services. This is inevitable with a new service as individuals adjust to its specific requirements.

Table 5 *Leavers detail for ABI Choices*

Year	Reason for leaving							Total leavers
	ill health	Death	Transfer to another Cedar programme	Non-engagement	Completed *	Day centre placement	Other #	
2019	2		8	7		3	8	28
2020	1	1		2				4
2021	3		2	7	7			19
2022	4			3	13		4	24

As expected, working with any clinical group, there are some individuals across the years whose health has prevented their continued participation. Non-engagement, fluctuating engagement is common post brain injury and an issue across all services, rehabilitation and throughout recovery (Brett et al., 2017). The ABI Choices staff worked collaboratively with service users to help encourage engagement. Several techniques were used to help encourage engagement (phone calls, regular contact,

personal goals etc). However, as with most services, a subset of participants stopped engaging in the Service.

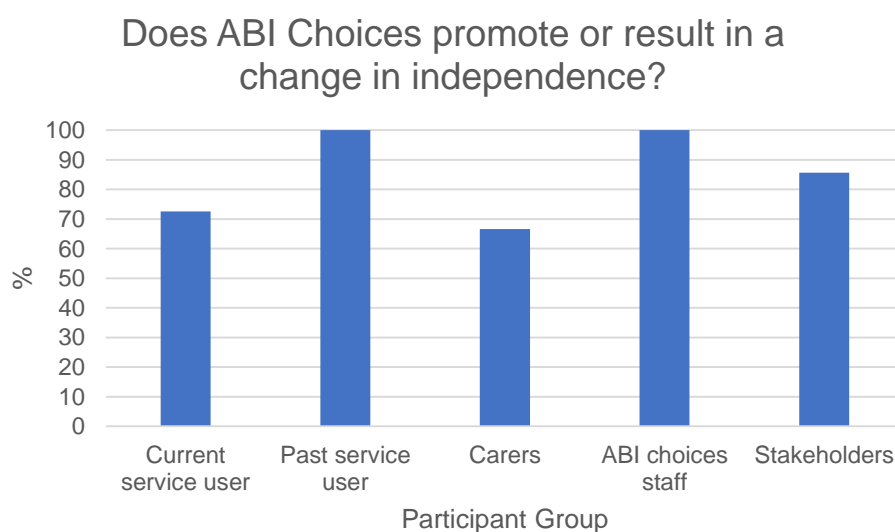
Some service users completed the Service but did not complete the exit procedure and are accessing Community inclusion activities independently. There were some individuals that other circumstances meant they left the Service. These include reasons such as needs met by current service delivery, post covid change in circumstances, new baby or left jurisdiction.

It can be concluded that ABI choices met objective 2.

- **Objective 3: To promote Independence and personal choice, supporting the transition of individual's through the Service by the setting of personal goals.**

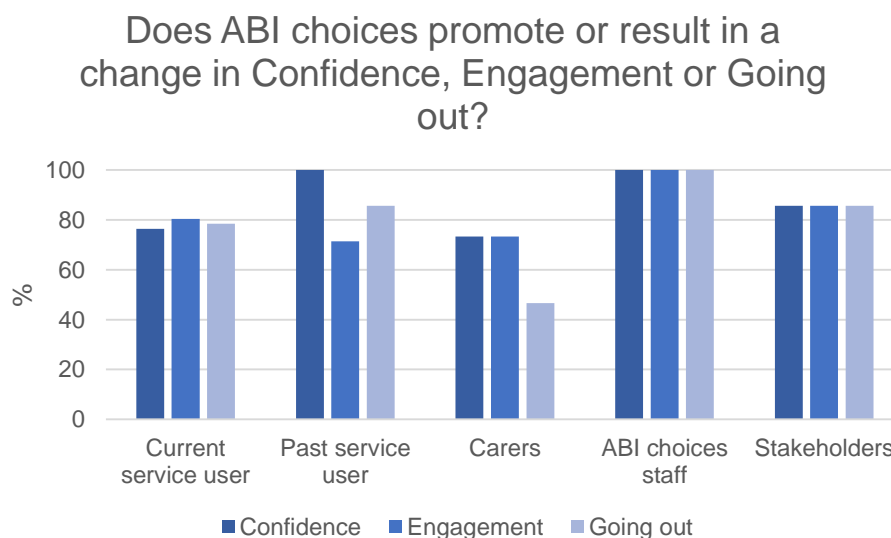
To help to assess the promotion of Independence, information on this was gathered by the research team from service users (current and past), carers and ABI choices staff via questionnaires.

Figure 4: *Response to the question Does ABI Choices promote or result in a change in independence? Across all participant groups*



It can be seen from the figure above that across all participant groups, a large proportion (ranging from 100% to 67%) agreed that ABI choices promoted independence and led to a change in independence. This helps evidence that the Service met this objective, which was recognised not just by current service users but also by a range of involved individuals. When participants were allowed to elaborate on the aspect that they found most helpful about the service, independence was a very prevalent answer across all groups, further supporting this. Other aspects related to Independence, such as going out, confidence and engagement, also were highlighted as being promoted by ABI choices and leading to a change in behaviour due to being part of ABI choices.

Figure 5: *Response to question Does ABI Choices promote or result in a change in Confidence, Engagement or Going out? Across all participant groups*



To help assess the part of objective 3 relating to supporting the transition of individuals through the Service by setting personal goals, current and past service users were asked if they had an ABI choices action plan and if they had the opportunity to review this.

65% of current participants said they did have an action plan and had the opportunity to review it regularly. There was a further proportion of participants (33%) whom the researcher felt were confused if they had an action plan, but when probed, did acknowledge they did set personal goals with their ABI Choices case worker.

It can be concluded that ABI choices met objective 3.

- **Objective 4: To promote a culture of Service User and Stakeholder involvement with clear evidence of how views have been sought and have changed the Service.**

An annual survey is sent out, and service users are asked about their satisfaction with the Service. In addition, a regional user group is held every six months, where service users are asked for specific feedback on anything they would like to change so that Cedar can respond appropriately. An example of changes made to the Service as a result of this feedback

- A chef was hired to come in and do some short-term cookery with the group.
- Collaborating with conservation volunteers and adding gardening activities as a response to service user suggestion.

A total of 5 surveys were developed to comprehensively evaluate the ABI Choices programme from the perspective of current and past service users, informal carers, ABI Choices case workers and key stakeholders. It was essential to include these perspectives and ensure all voices were heard. Surveys were therefore tailored to each specific participant group. These surveys were developed, the data was collected and analysed independently by Ulster University research team. This was to help evaluate the Service and be inclusive of all of the stakeholders who referred to the Service, delivered the Service, were recipients of the Service, or had a person they cared for involved in the Service. This was an extensive process, with great effort made to ensure all interested parties were included.

Regular and varied service user feedback was sought, and any suggestions or changes were implemented in the Service. It can be concluded that ABI Choices met objective 4.

As well as the four objectives, there was also a series of requirements of the Service.

Outline of Requirements

The Provider must meet the following essential requirements:

- **Provide a range of training, rehabilitation and occupational opportunities for adults with ABI, equating to a minimum service delivery volume of 22,775 hours per annum.**

The evidence gathered from service users suggests this recommendation has been met. (see Objective 2 above)

- **A minimum of 65 individuals should be in receipt of this Service at any time during the course of the Contract.**

The evidence gathered from service users suggests this recommendation has been met. (see Objective 2 above)

- **Services should be available flexibly, with services provided in the evenings and at weekends.**

When current service users were asked about the programme delivery, 98% of service users (n=50) felt it was provided at a time suitable to them and that there was flexibility in service delivery. The majority of interactions with the Service (78.4%) take place face-to-face (n=40). A smaller proportion of these interactions occurred virtually (n=5, 9.8%) and in the community (n=6, 11.8%). Six respondents (11.8%) reported a combination of interactions with ABI Choices in face-to-face and community settings. When asked about the programme delivery, all past service users agreed that the ABI Choices was delivered at a suitable and flexible time. The majority of interactions with the Service occurred virtually (n=4) or face-to-face (n=3). Two respondents reported a combination of interactions, including both virtual and face-to-face and face-to-face, community settings and phone calls.

*"[Case worker] was very flexible, she worked around how I was doing that week".
(Current SU)*

"The person-centred approach means each individual receives a service tailored to their own needs. All staff are friendly and genuinely care about the individuals they support" (ABI Choices case worker)

The evidence gathered from service users suggests this recommendation has been met.

- **Training activities may be delivered via a Provider location base or centre (where it is appropriate and efficient to do so) but others must take place or be facilitated in the community i.e. in mainstream community, education and training environments.**

The training was delivered at a number of locations, including Cedar premises (for example, Cedar Balmoral base), local community centres (for example, Roe Valley Arts and Culture Centre) and across various community locations such as coffee shops and libraries. The information collected via open-ended questions from all the participant groups demonstrates this.

"Meeting clients in public places such as coffee shops... takes them out of their comfort zone and promotes self-confidence and self-esteem" (Stakeholder)

" With the help of [case worker] I was able to remember all the things I enjoyed pre-injury and get back to them e.g. creative writing. Attending the [group name] I feel it's nice to attend a group for women and people without ABI" (Current SU)

"Clients have grown in confidence when using community facilities" (Stakeholder)

"Took him somewhere different and things to do. They went to all sorts of places but he liked the library and community center classes." (Carer)

"Meeting [case worker] made me leave the house, made me aware of all the opportunities out there otherwise I would still be sitting in the house" (Current SU)

"They were very supportive and getting (SU name) into courses that he is interested in so he can continue with his hobbies" (Carer)

"Cedar support has been fantastic, so authentic asking "would you like to try this" for example" (Current SU)

The evidence gathered from service users suggests this recommendation has been met.

- **Identification of personal goals with Service Users, regular review of these goals via individual rehabilitation programmes and clear planning for transition out of the Service (or onto other services) from the point of referral is required.**

The identification of personal goals has been discussed in Objective 3, where current and past service users were asked if they had an ABI choices action plan and if they had the opportunity to review this. 65% of current participants said they did have an action plan and had the opportunity to review it regularly. There was a further proportion of participants (33%) whom the researcher felt was confused if they had an action plan, but when probed, did acknowledge they did set personal goals with their ABI Choices case worker.

The person-centred approach with the identification of personal goals was recognised as a clear theme in the open-ended questions.

"The person-centred approach means each individual receives a service tailored to their own needs. All staff are friendly and genuinely care about the individuals they support" (ABI Choices case worker)

The programme allows the case officers to adapt to the support needs of the service user so that the programme is person-centred" (ABI Choices case worker)

"Invaluable service individualised to each person and their achievements" (Past SU)

ABI Choices is designed to not have a specific time frame, as it is responsive to the client's individual needs. However, as seen by the data provided in objective 2, individuals transitioned out of the Service (as completers) onto other Cedar services or continued to access opportunities without Cedar ongoing support.

"The time frame for involvement is an advantage as it allows people the time to move from contemplating a change to actualising it" (Stakeholder)

"I really appreciate the Service; they encourage me but work at my speed; they don't push if I'm not ready (Current SU)

"Very useful additional community support on a medium to long term basis" (Stakeholder)

The lack of a defined time frame for involvement is seen as a positive by ABI Choices staff and by service users; however, there was some comment by external stakeholders on transition. This should be reflected upon and discussed to ensure appropriate transition.

"More assertiveness required on some occasions – both with people who are not engaging to move them off the programme, and with people who need extra encouragement to engage purposively" (Stakeholder)

The evidence gathered from service users suggests this requirement has been met but further discussion of transition may be useful.

- **Proactive engagement and communication with others who provide ABI services regionally.**

ABI Choices works collaboratively across ABI services in Northern Ireland including statutory Services, community teams and other charity service providers. External stakeholders were an essential contributor to this evaluation. These included Allied health professionals (Speech and language and Occupational therapists), clinical psychologists and social workers.

An external stakeholder commented that ABI Choices helped bring together the services for ABI to help inform individuals of all the services (beyond ABI Choices) available to them.

"Clients have better knowledge about what activities are available in their area which will improve their recovery" (Stakeholder)

"Clients are more knowledgeable about what resources are available to help them such as bus passes and Headway ID cards" (Stakeholder)

There also was some suggestion that improved communication between all service providers could prevent overlap of services.

"There is some overlap as Brain Injury Service also provides brain injury education... Client can be confused as to which professional belongs to which service and how we all fit together" (Stakeholder)

"There is some overlap with the role of the ABI Choices facilitator and the therapy assistants who work in the Brain Injury Service. Sometimes our assistants are doing the same job as ABI Choices" (Stakeholder)

The evidence gathered from service users suggests this requirement has been met but further and enhanced communication across services would be useful.

- **Development of a 'social enterprise' model to enable the Service to generate income from some of its activities and enable Service Users to develop commercial skills.**

A Christmas fair has been held annually following a social enterprise model. The service users create craft items to be sold at the market, these are worked on in groups in the months preceding the fair. Following consultation with service users, it was evident that a social enterprise initiative was not the drive coming from the service users. They are happy to work towards an annual Christmas fair in particular, but had no aspiration or eagerness for any further structured social enterprise initiative.

The suggestions coming from service users indicated that social enterprise was not a key personal goal. There are other challenges in developing a social enterprise activity within ABI Choices. These include staff skills, the cost implications of the amount of materials needed for further craft enterprises, the logistics of services users spread across the province as well as the impact of Covid lockdowns.

This recommendation has been met in part but has evolved in line with service user's feedback.

Summary of results

Reports from current service users were *overwhelmingly* positive. A large proportion of respondents are satisfied with the Service currently provided and felt that no changes are required. In a small number of cases, participants felt the Service could be improved by offering more hours, providing more education/training guided by participant needs, assisting with transport and facilitating more social opportunities outside of the group setting. However, the number of suggestions was minimal compared to the number of participants reporting considerable benefits to their personal, social and practical development. Service users reported increased confidence, independence, self-esteem and motivation facilitated by the supportive

environment provided by ABI Choices case workers. These changes were associated with improved health and the development of organisational skills. Past service users were similarly positive about ABI Choices. The large majority of participants in this group also felt no improvements were required, with transport being identified as the only issue and an area which could be improved. Past service users provided more positive feedback on the immediate and long-term benefits of engaging with the Service and what they found most helpful. Past service users reflected positively on the support and advice they received from ABI Choices staff and the personal growth they experienced, particularly in their levels of confidence and Independence. There was a reference to the maintenance skills developed during the programme and how these have been advantageous since completion.

The perspective of informal carers was an insightful addition to the data, which correlated well with information provided by current and past service users. As expected, a large proportion of carers were female and tended to be family members, many of whom reported improvements in their loved ones since the beginning of the programme. The feedback was generally positive, with many reporting they were entirely satisfied with the Service and no improvements are required. Some indicated that additional training, help with transport and extended contact, either longer sessions or more days, would be useful. Some also felt that support for carers would be beneficial. However, this is beyond the remit of this Service but should be considered when considering future services or signposting referrals to current services. Despite these suggestions, carers were hugely positive towards the Service, staff and activities provided. Carers appreciated the client-centred approach, which they believe contributed to increased confidence, independence and sociability in those they care for, but also the respite the Service provided.

The range of positive responses provided by ABI Choices case workers indicates high job satisfaction and professional reward levels. It is clear case workers believe in the Service, rating all areas highly, including their professional development and the inclusivity of the programme for service users. Feedback on Cedar provided training and supervision was also largely positive. The advantages of the Service undoubtedly outweighed the challenges. However, reported challenges included

transport for service users and the large geographical areas to be covered by some case workers in larger trusts, fostering motivation in service users and sourcing suitable community-based activities. According to participants, this is a hugely beneficial service for individuals with ABI, and huge improvements have been observed in service user's personal growth, social development and health achieved through the care and support provided by case workers and the individualised care they provide.

Incorporating key stakeholders from a variety of healthcare professions was beneficial to gain a broader understanding of service user needs and the Service provided from a professional perspective. As with the other participant groups, stakeholders were generally positive about ABI Choices and any challenges and improvements were pragmatic. Participants reported a lack of clarity for both staff and service users which can be confusing, transport/location was also noted with participants recognising that service users prefer to attend local groups, if no suitable groups are available this can be a barrier. However, stakeholders reported many benefits of engaging with ABI Choices largely relating to social opportunities, knowledge acquisition, developing practical skills and personal capacity building. ABI Choices case workers were also commended for the encouraging and supportive environment they provide to service users despite the challenges often associated with working with ABI and community-based services. Some suggestions for improvement were provided and are included in the recommendations section of this evaluation.

Feedback of Cedar Foundation, ABI Choices staff and Service

The participants themselves felt very positively about the Service and valued the opportunities it provided. They recognised the change that taking part in the Service had provided them across a range of areas. This is most evident when asking for suggestions for improvements, by far the most popular response was no improvement needed.

"Invaluable service individualised to each person and their achievements" (Past SU)

"It has been a great help... and the only service we have access to that provides opportunities" (Carer)

It gave me a good foundation to build on. I am more confident and happier in myself, more social and it helped implement doing things, I have more motivation, and the programme helped keep the motivation going" (Current SU)

"It has been encouraging to see the folk growing in confidence... I firmly believe that ABI Choices has been a catalyst for giving people the ability to move forward in their personal and professional lives" (ABI Choices case worker)

Of note across all participant groups was the high praise for the ABI case workers' dedication, skill and commitment. This was very consistent and prominent, reflecting the high regard the ABI choices staff are held in by the participant groups.

"[Case worker] gave me more confidence through her support with courses and daily living" (Past SU)

"Meeting [case worker] made me leave the house, made me aware of all the opportunities out there otherwise I would still be sitting in the house" (Current SU)

"[Case worker] didn't make her do anything, just supported her until she was ready" (Current SU)

"[Case worker] worked with her and very good with communication with me and they had a great relationship and connection and giving me updates" (Carer)

With the help of [case worker] I was able to remember all the things I enjoyed pre-injury and get back to them e.g. creative writing. (Current SU)

Throughout the discussions with participant groups, there was often high acclaim for Cedar Foundation as an organisation. Some individuals had participated in other services provided by Cedar, whilst others were new to the organisation.

Cedar support has been fantastic, so authentic asking "would you like to try this" for example" (Current SU)

"Cedar is a support mechanism; they are a call away; they listen and never judge. Always there to help" (Current SU)

"Before Cedar I just sat about in tracksuits now make more of an effort. It gives me structure. Got me back into real life, into society again, mingling with real life people" (Current SU)

It can be seen from the open ended questions the appreciation for the support during Covid, when many other services had shut down, people felt Cedar was still supporting them.

"Cedar also got her set up on Zoom, which was a real lifeline during covid" (Current SU)

"Cedar made it clear they were always just a phone call away" (Current SU)

"[Case worker] gave floating support during covid. She went above and beyond and helped with getting moved and help with benefits" (Current SU)

Demand for ABI Choices

It is evident from the high utilisation of the places available (average 2019-2022 134% of target number) that there is a high demand for this service (further detail in objective 2). The target provision was exceeded across all the years of the service, demonstrating the gap in service provision, that this service was fulfilling. The final year of the current service had the highest occupancy rate which was 159% of the target number, this demonstrates that demand for this service is sustained.

The Need for ABI Choices

This service is person-centred and user-led. Therefore the goals and subsequent outcomes, reflect the needs that service users chose to avail of support to achieve. This user led focus was highly appreciated and commented upon by all participant groups (discussed in more detail page 19 and page 22).

"The programme allows the case officers to adapt to the support needs of the service user so that the programme is person-centred" (ABI Choices case worker)

"The person-centred approach means each individual receives a service tailored to their own needs. All staff are friendly and genuinely care about the individuals they support" (ABI Choices case worker)

"Invaluable service individualised to each person and their achievements" (Past Service User)

“The time frame for involvement is an advantage as it allows people the time to move from contemplating a change to actualising it” (Stakeholder)

The outcomes generated by service users were less about employment and training for this group, and more to engage in a safe, structured support service, to increase going out, independence and confidence. This service facilitated this and the data collection demonstrates it exhibited change for the service users in these key areas. The improvements in engagement in community, going out, independence and confidence are key skills that show distinct improvements following involvement in ABI choices (see page 11-12, 19-21). This was appreciated so widely by participants, that it was one of the recommendations made by service users was for extended contact and more social opportunities.

This should be considered in the procurement of future services for people with Brain Injury – a longer-term support provision for inclusion of those who are not in a position in their rehabilitation journey, to pursue employment and training goals. This would help support a continuum of service provision for Brain Injury in NI that reflects the needs of this diverse group.

Outcome of evaluation

This evaluation aimed to assess and evidence the impact of the ABI Choices programme using a mixed methods approach. Quantitative and qualitative Data were collected from 5 distinct participant groups who engaged with ABI Choices, including current and past service users, informal carers, ABI Choices case workers and key stakeholders. A combination of standardised surveys and open-ended questions provided a rich and complete dataset to accurately assess the impact and demonstrate outcomes. This was combined with data collected by Cedar and used to assess success against service specifications. In this document, the 4 service objectives are listed, and evidence for meeting the objective is provided. The conclusion of this evaluation is that ABI Choices has met all 4 of the service objectives and requirements of the Service. There are minor suggestions and recommendations for the organisation to consider when moving forward with this Service.

Summary

ABI Choices is a rehabilitation programme designed to support adults with ABI to engage in community activities to develop cognitive, psychological, social, emotional and practical skills. Through action planning and goal-directed support, ABI Choices aimed to build service users' resilience, personal capacity and mental and physical health. Taking this holistic approach would consequently improve well-being as all components contribute to positive well-being. Improved health and well-being coupled with the supportive environment provided by case workers assist with the goal setting, action planning and employability skills outlined in the Service aims. Evaluation results suggest that service users, carers, case workers and stakeholders believe that service provision meets the aims and objectives detailed by the Cedar Foundation. **ABI Choices is undoubtedly an exceptional Service.** In general, all responses were overwhelmingly positive, with most participants reporting that no improvements were required and there was nothing about the Service they did not like. This indicates that Cedar as a service provider, is meeting the needs of service users in terms of their provision and approach.

It can be evidenced by the evaluation that ABI Choices provided by Cedar Foundation has met the objectives of the service specification.

Suggestions for improvement/ Recommendations

As discussed the feedback from all participant groups was extremely positive with the most common suggestion for improvement of the Service being no improvement made. Some common suggestions or recommendations are provided below.

- Transport provision or travel budget available for service users.
- Promoting engagement through offering of services using a variety of methods.
- Providing social opportunities outside of the group setting.
- More education on brain injury for staff and informal carers.
- More support for carers – this could include signposting to other services provided by Cedar.

- Improved co-working and communication between brain injury services.
- Expansion and promotion of ABI Choices across trusts.
- Edits to referral forms to streamline the referral process.

Not all of these fall within the remit of this Service, for example carer support.

Recommendations are based on the feedback from all participants and the collation of all data by research group.

Areas to continue with:

- Client centred approach; individualised support and person centred care was greatly appreciated across all groups
- Service users spoke very highly of all case worker, continue to foster this important relationship.
- The varied nature of interactions, activities and opportunities was valued.
- ABI Choices staff were happy with training and support with some minor suggestions for future staff training that could be incorporated.

Areas to consider for service development:

- Provision of transport or use of individual travel budget for service users to attend more activities, groups etc. This has obvious cost implications but it was the top improvement or suggestion from service users.
- The provision for further social opportunities for service users, building on the deep connections and peer support that service users got from the groups. This may be beyond this Service and may be best suited to signposting to other services or opportunities. Additional carer support was also highlighted, again, this may be better suited to signposting to other services, organisations or mechanisms of support.
- The external stakeholders had some practical suggestions, such as the Expansion and promotion of ABI Choices across trusts and edits to referral forms to streamline the referral process. There also was a recommendation for improved co-working and communication between brain injury services. The re-tendering of this Service may provide an opportunity to do this.

Appendix 1

Current Service Users Survey



As part of an independent evaluation of ABI choices, we would like your views and feedback on your service use. If you would like help completing this, a friend or family member can help you, or a member of the evaluation team is happy to help. We appreciate your time with this.

About you

Name	
Gender	Female/Male/Non-Binary
Age	
First half of postcode	
Health trust (if known)	Belfast/Northern/South Eastern/Southern/Western
Year of injury	
Do you live alone?	YES/NO
Do you have a friend or family member who helps with your care?	YES/NO
Have you left ABI choices?	YES/NO

How has your injury impacted your daily life?

Please tick all those that apply to you

	Not at all	A little	A lot	Daily
I have difficulties with speech and communication.				
I have difficulties with fatigue.				
I have difficulties using my arms.				
I have difficulties walking.				
I have difficulties completing day-to-day activities.				
I have difficulties with my thinking, memory and concentration.				
I sometimes have depression or low mood.				

About your use of ABI Choices

What activities did you participate in at ABI choices?	
--	--

Can you tell us how you feel you have changed since joining the project?

Please tick the option which best describes your answer.

Since joining the project, I am	Definite Change	Some change	No different	Worse
More Independent; do more for myself				
More confident to go to places in the community				
Engaged in more activities outside the home				
More able to get on with people				
Easier to live with				
Happier – less depressed and moody				
More capable of taking part in Education and training courses				
More capable of getting and holding down a job/work placement				
I have more companions and friends				
Spending more time out of the house				

What did you find most helpful about the service?

Is there anything more you feel the service could have done to provide you with further help and support?

Is there anything you do **NOT** like about the service and would like to see changed?

Can you tell us how you feel you have changed since joining the service?

Has the service had any lasting impact on you: were your improvements maintained?

Tick the best option

Do you have an ABI choices Action plan?

YES

NO

Have you had the opportunity to review this plan?

YES

NO

Is the service delivered at a time that suits you?

YES

NO

Where did the majority of your experience with ABI choices occur? Tick the best option

Virtually	Face to face	In the community	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel you had good support during COVID?

YES

NO

Not Relevant

Is there anything you would like to comment on about your Covid support?

Any other comments regarding your experience of ABI choices?

If you have any questions or queries about this evaluation, you can contact the evaluation team, Dr Niamh Kennedy, at n.kennedy@ulster.ac.uk or 0287012 3027

Appendix 1: Past Service Users Survey



As part of an independent evaluation of ABI choices, we would like your views and feedback on your service use. If you would like help completing this, a friend or family member can help you, or a member of the evaluation team is happy to help. We appreciate your time with this.

About you

Name	
Gender	Female/Male/Non-Binary
Age	
First half of postcode	
Health trust (if known)	Belfast/Northern/South Eastern/Southern/Western
Year of injury	
Do you live alone?	YES/NO
Do you have a friend or family member who helps with your care?	YES/NO
Have you left ABI choices?	YES/NO

How has your injury impacted your daily life?

Please tick all those that apply to you

	Not at all	A little	A lot	Daily
I have difficulties with speech and communication.				
I have difficulties with fatigue.				
I have difficulties using my arms.				
I have difficulties walking.				
I have difficulties completing day-to-day activities.				
I have difficulties with my thinking, memory and concentration.				
I sometimes have depression or low mood.				

About your use of ABI Choices

What activities did you participate in at ABI choices?	
Are you still involved in any of these activities?	

Can you tell us how you feel you have changed since joining the project?

Please tick the option which best describes your answer.

Since joining the project, I am	Definite Change	Some change	No different	Worse
More Independent; do more for myself				
More confident to go to places in the community				
Engaged in more activities outside the home				
More able to get on with people				
Easier to live with				
Happier – less depressed and moody				
More capable of taking part in Education and training courses				
More capable of getting and holding down a job/work placement				
I have more companions and friends				
Spending more time out of the house				

What did you found most helpful about the service?

Is there anything more you feel the service could have done to provide you with further help and support?

Is there anything you did **NOT** like about the service and would like to see changed?

Can you tell us how you feel you have changed since joining the service?

Has the service had any lasting impact on you: were your improvements maintained?

Tick the best option

Did you have an ABI choices Action plan? YES NO

Did you have the opportunity to review this plan? YES NO

Was the service delivered at a time that suits you? YES NO

Where did the majority of your experience with ABI choices occur? Tick the best option

Virtually	Face to face	In the community	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel you had good support during COVID?
YES NO Not Relevant

Is there anything you would like to comment on about your Covid support?

Any other comments regarding your experience of ABI choices?

If you have any questions or queries about this evaluation, you can contact the evaluation team, Dr Niamh Kennedy, at n.kennedy@ulster.ac.uk or 0287012 3027

Appendix 1: Informal Carer Survey



As part of an independent evaluation of ABI choices, we would like your views and feedback on your friend or family member's use of the service. We appreciate your time with this.

Carer questionnaire

About you

Name	
Gender	Female/Male/Prefer not to say
Age	
First half of postcode	
Health trust (if known)	Belfast/Northern/South Eastern/Southern/Western
Year of brain injury of person you care for	
Relationship to the person you care for, e.g. mother, husband, friend	

When thinking about the impact of the brain injury on the daily life of the person you care for.....

Please tick all those that apply

The person I care for	Not at all	A little	A lot	Daily
Has difficulties with speech and communication.				
Has difficulties using their arms.				
Has difficulties using their legs.				
Has difficulties with depression or low mood.				
Has difficulties with fatigue.				
Has difficulties with thinking, memory and concentration.				
Has difficulties completing day-to-day activities.				

About service use

What services/activities do they use at ABI choices?	
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How much would you agree with the following statements when considering the person you care for involved in ABI choices? *If you are a relative, please provide answers related to your view of how your relative benefited (or not) from the project.*

Please tick the option which best describes your answer.

Since joining the project, they are....	Definite Change	Some change	No different	Worse
More Independent; do more for themself				
More confident to go to places in the community				
Engaged in more activities outside the home				
More able to get on with people				
Easier to live with				
Happier – less depressed and moody				
More capable of taking part in Education and training courses				
More capable of getting and holding down a job/work placement				
Have more companions and friends				
Spending more time out of the house				

What have you found most helpful about the service?

Is there anything more you feel the service could be doing to provide you with further help and support?

Is there anything you do **NOT** like about the service and would like to see changed?

Has the service had any lasting impact on you or the person you care for: were the improvements maintained?

Any other comments on any aspect of ABI choices.

If you have any questions or queries about this evaluation, you can contact the evaluation team, Dr Niamh Kennedy, at n.kennedy@ulster.ac.uk or 0287012 3027

Appendix 1: ABI Choices Staff Survey



As part of an independent evaluation of ABI choices, we would like your views and feedback on the service. We appreciate your time with this.

Staff Questionnaire

Do you feel you received....?

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Adequate training?					
Adequate supervision?					

Do you agree there..... Tick all that apply

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Were close relationships developed with health care professionals and other people who refer?					
ABI choices worked in partnership with other statutory and non-statutory organisations.					
That ABI choices were accessible to a range of abilities?					
That ABI choices were accessible to individuals for who English was not their first language?					

Any comment related to the questions above.

Do you feel ABI choices.... Tick all that apply

	Agree	Disagree
--	-------	----------

Gave service users access to a range of training and education opportunities.		
Helped service users to be more capable of taking part in Education and training courses		
Helped service users be more capable of getting and holding down a job or work placement		
Helped promote independence in service users?		
Supported service users' personal choices?		
Facilitated social reintegration in service users?		
Helped service users to be more confident to go to places in the community.		

In your opinion, what are the best aspects of the service?

What are the challenges of delivering this service?

What do you believe the benefits of this service have been?

What potential improvements or changes would you suggest for the service?

Any other comments on any aspect of ABI choices.

If you have any questions or queries about this evaluation, you can contact the evaluation team, Dr Niamh Kennedy, at n.kennedy@ulster.ac.uk or 0287012 3027

Appendix 1: Key Stakeholders Survey



As part of an independent evaluation of ABI choices, we would like your views and feedback on your use of the service. We appreciate your time with this.

Name

Job title

Health trust you work in

Belfast/Northern/South Eastern/Southern/Western

How have you been involved with ABI choices service?

What have you found most helpful about the service?

What impact do you think the service had on your clients or your service?

Is there anything you do **NOT** like about the service and would like to see changed?

Do you have any suggestions or recommendations for the future of ABI choices?

When thinking about ABI choices do you think the service.....(tick most appropriate answer)

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Can't say
Promoted independence in service users						
More confident to be involved in the community						
Engaged in more activities outside the home						
More capable of getting and holding down a job/work placement						
More likely to spend more time out of the house						
More capable of taking part in Education and training courses						

Any other comments on any aspect of ABI choices.

If you have any questions or queries about this evaluation, you can contact the evaluation team, Dr Niamh Kennedy, at n.kennedy@ulster.ac.uk or 0287012 3027

Appendix 2

Frequency tables of qualitative responses for each theme identified during analysis.

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
1. What have you found most helpful about the service?	Confidence	10	1	2	1	3	17
Best aspects of the service	Independence	5	1	1	1	2	10
	Getting out/ Activities	25	1	6	2	1	35
	Social	23	2	5	3	1	34
	Other BI	14	-	-	1	1	16
	Routine	3	-	-	-	-	3
	Support/ Staff	14	2	8	4	4	32
	Fun/ Enjoyment	9	-	2	-	-	11
	Individualized/ Client-centered	-	-	4	1	4	9
	Respite	-	-	1	-	1	2

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
2. Is there anything you did not like?	Nothing/ No	33	-	11	-	-	44
Challenges delivering the service	Zoom	3	--	-	-	-	3
	Location	1	-	-	1	1	3
	More time/contact	1	-	2	-	-	3
	Staff changes	-	-	1	-	-	1
	Seeing outputs	-	-	1	-	-	1
	Transport	-	1	2	1	4	8
	Lack of clarity	-	-	-	3	-	3
	Client approach	-	-	-	1	1	2
	Client related challenges	-	-	-	-	3	3
	Activity related challenges	-	-	-	-	1	1

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
3. Is there anything you feel the service could do? Potential improvements or changes	Transport	4	1	2	-	4	11
	Organisation	1	-	-	-	-	1
	Education/training	4	-	1	-	2	7
	Mental health	1	-	-	-	-	1
	Social	3	-	-	-	-	3
	Extended contact	6	-	1	-	-	7
	Support for carers	-	-	3	-	-	3
	No improvements required	14	6	7	-	-	27

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
4. How do you feel you have changed since joining the service? Benefits of service engagement	Confidence	13	2	-	-	5	20
	Understanding	2	-	-	-	3	5
	Independence	7	-	-	-	2	9
	Outgoing	3	1	-	-	-	4
	Rewarding	1	-	-	-	1	2
	Positive outlook	4	-	-	-	2	6
	Self-esteem	8	-	-	-	1	9
	Motivation	2	-	-	-	1	3
	Routine	4	-	-	-	1	5
	Organisation/finances	1	-	-	-	-	1
	Social	-	-	-	-	5	5
	Health (mental/physical)	-	2	-	-	2	4
	A little change	4	-	-	-	-	4
	No change	-	1	-	-	-	1

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
5. Has the project has a lasting impact on you or the person you care for? Impact on client or service	Yes/positive	24	2	5	1	-	32
	A little	6	-	1	-	-	7
	Not given	8	-	-	-	-	8
	Unsure	2	-	-	-	-	2
	No	-	1	1	-	-	2
	Independence	3	1	1	2	-	7
	Stress management/anxiety	3	-	-	-	-	3
	Confidence	5	-	2	2	-	9
	Social	2	1	2	4	-	9
	Motivation	-	1	-	-	-	1
	Maintenance	-	2	-	-	-	2
	Communication	-	-	1	-	-	1
	Develop skills/routine	-	-	-	2	-	2
	Knowledge/awareness	-	1	3	2	-	6

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
6. Comment on covid support	NA/ no	13	5	-	-	-	18
	Liked zoom	5	-	-	-	-	5
	Didn't like zoom	3	-	-	-	-	3
	Had phone calls/regular contact	10	2	-	-	-	12
	Virtual classes	1	-	-	-	-	1
	Support/advice	-	1	-	-	-	1

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
7. Any other comment	Progress	4	-	1	1	-	6
	Social	3	-	1	-	-	4
	Personal/individualised	4	1	-	-	-	5
	Staff/service/support	10	2	3	-	4	19
	Suggestions	3	-	-	-	-	3
	NA/no comment	12	4	11	-	-	27

Question/ Theme	Subtheme	Current SU	Past SU	Carer	Stakeholder	Staff	Total
8. Stakeholder recommendations	Improved co-working	-	-	-	8	-	8
	Expansion and promotion	-	-	-	1	-	1
	Referral form edits	-	-	-	2	-	2

Appendix 3

Qualitative themes and subthemes including all illustrative quotes extracted from the data provided by all participants.

Theme 1: Service advantages or benefits

Subtheme	Illustrative quotes
<i>Personal Growth</i>	
<ul style="list-style-type: none"> Confidence 	<p>“It has been encouraging to see the folk growing in confidence... I firmly believe that ABI Choices has been a catalyst for giving people the ability to move forward in their personal and professional lives” (ABI Choices case worker)</p> <p>“I have been privileged to see the growing confidence of my service users. Even when using zoom to interact with service users, I have seen them gaining the confidence to interact more with their community and user groups” (ABI Choices case worker)</p> <p>“Meeting clients in public places such as coffee shops... takes them out of their comfort zone and promotes self-confidence and self-esteem” (Stakeholder)</p> <p>“[Case worker] gave me more confidence through her support with courses and daily living” (Past SU)</p>
<ul style="list-style-type: none"> Independence 	<p>“I wouldn’t be that confident, [case worker] has really helped this and improved my confidence” (Current SU)</p> <p>“Clients have grown in confidence when using community facilities” (Stakeholder)</p> <p>“She is more independent... she can go herself without me” (Carer)</p> <p>“I have seen many service users take back their independence after losing it in such difficult circumstances, as usually are involved in brain injury” (ABI Choices case worker)</p> <p>“Social reintegration [through programmes such as ABI Choices] promotes independence and social inclusion” (Stakeholder)</p> <p>“Provides service users with a feeling of purpose again” (ABI Choices case worker)</p> <p>“Allows them to feel capable and independent again” (ABI Choices case worker)</p>
<i>Community Integration</i>	
<ul style="list-style-type: none"> Getting out 	<p>“Took him somewhere different and things to do” (Carer)</p> <p>“It gets him out of the house. He didn’t want to at the start, but he is happier now and enjoys going” (Carer)</p> <p>“Getting out of the house (Past SU)</p> <p>“Meeting [case worker] made me leave the house, made me aware of all the opportunities out there otherwise I would still be sitting in the house” (Current SU)</p>
<ul style="list-style-type: none"> Having fun Enjoyable activities 	<p>“There are different activities planned – you don’t just come to be left in a room” (Current SU)</p> <p>“The activities include different things each week, practical skills like making a salad and fun things like painting” (Current SU)</p>

	<p>"I look forward to [the group], meeting other people and doing activities like walking in the garden and doing cooking, a chef comes in and we learn how to make things at home. We also play Botcha which is good craic" (Current SU)</p>
<p><i>Social benefits</i></p> <ul style="list-style-type: none"> • General social benefits 	<p>"Helps to remove social isolation... [through] meaningful experiences and interaction" (ABI Choices case worker)</p> <p>"My service users have greatly enjoyed the social aspects of meeting together in a safe and caring environment" (ABI Choices case worker)</p> <p>"Meeting new people and having chats with each other" (Past SU)</p> <p>"My partner has become more sociable and happier" (Carer)</p> <p>"Socially I had big issues but groups really help this" (Current SU)</p> <p>"Great social aspect to it, you meet people and get to know people" (Current SU)</p> <p>"Gives fellowship... plenty of laughter and mixing with people" (Current SU)</p>
<ul style="list-style-type: none"> • Meeting others with brain injury 	<p>"Provides opportunity to reintegrate in community, peer support, develop communication skills and meet new friends" (Stakeholder)</p> <p><i>"It is useful meeting other brain injured individuals and meet others who had life changing events" (Current SU)</i></p> <p><i>"More comfortable and relaxed with people like yourself, no judgement, no criticism for any odd bits of yourself" (Current SU)</i></p> <p><i>"Other people in the group understand and get you, they just know because they experience it too" (Current SU)</i></p> <p><i>"Provides social opportunities for people and a chance to meet others in a similar position" (Stakeholder)</i></p> <p><i>"Service users are able to relate with others in the same position" (ABI Choices case worker)</i></p> <p><i>"Clients have met other people who have had brain injury and this usually helps with recovery" (Stakeholder)</i></p>
<p><i>Client centered</i></p> <ul style="list-style-type: none"> • Individualised to each client 	<p><i>"The programme allows the case officers to adapt to the support needs of the service user so that the programme is person-centred" (ABI Choices case worker)</i></p> <p><i>"They were very supportive and getting (SU name) into courses that he is interested in so he can continue with his hobbies" (Carer)</i></p> <p><i>"The person-centred approach means each individual receives a service tailored to their own needs. All staff are friendly and genuinely care about the individuals they support" (ABI Choices case worker)</i></p> <p><i>"Invaluable service individualised to each person and their achievements" (Past SU)</i></p> <p><i>"The time frame for involvement is an advantage as it allows people the time to move from contemplating a change to actualising it" (Stakeholder)</i></p>

	<i>"Needed someone to help me with appointments (hospital, organising travel to appointment, flights to London etc). Very happy with the organisation of this (BI Matters and Headway said they couldn't help)" (Current SU)</i>
<i>Supportive Environment</i>	<i>"[Participation] really helped with recovery, she feels she is years ahead in her opinion, thanks to Cedar" (Current SU)</i>
<ul style="list-style-type: none"> • Support available • Staff 	<i>"I know the families of our service users appreciate the wider horizons that we offer their loved ones" (ABI Choices case worker)</i> <i>"It has been a great help... and the only service we have access to that provides opportunities" (Carer)</i> <i>"People are down to earth, staff are so well trained, everything done properly, staff are lovely" (Current SU)</i> <i>"He finds the activities are useful to help him out, step by step. He is no longer afraid to talk or worried about how other people are affected by his injury" (Current SU)</i> <i>"[Case worker] didn't make her do anything, just supported her until she was ready" (Current SU)</i> <i>" I really enjoy meeting [case worker] for a coffee, it gives me a purpose to get up and dressed and get out. I love that hour. I always know she is always at the other end of the phone. I know if I ever wanted support, I would get it from Cedar" (Current SU)</i> <i>"Cedar support has been fantastic, so authentic asking "would you like to try this" for example" (Current SU)</i> <i>"Cedar is a support mechanism; they are a call away; they listen and never judge. Always there to help" (Current SU)</i> <i>"Support for me as well and being able to meet the group" (Carer)</i> <i>"Everyone is so good and people are experiencing the same emotions but each one has their own situation and I felt that people could talk to me" (Carer)</i>
<i>Practical benefits</i>	<i>"It was nice to have a new routine and something to put you out of your comfort zone" (Current SU)</i>
<ul style="list-style-type: none"> • Routine • Respite for carers 	<i>"Helps to pace the week" (Current SU)</i> <i>"Helps rebuild routines" (Stakeholder)</i> <i>"On the day he goes [to ABI Choices activities] the family gets a break" (Carer)</i> <i>"Relives pressure from family members and carers" (ABI Choices case worker)</i>

Theme 2: Service disadvantages or challenges

Subtheme	Illustrative quotes
Location	<p><i>“Limitations of living in Limavady” (Current SU)</i></p> <p><i>“Local support is so helpful – not Belfast based which makes a difference” (Current SU)</i></p> <p><i>“South Eastern Trust Brain Injury Service covers the whole Trust, as far as I am aware Cedar ABI Choices cover Belfast area and more recently Bangor. Service users prefer services closer to them” (Stakeholder)</i></p> <p><i>“Large geographical area for staff to cover” (ABI Choices case worker)</i></p>
Contact method and frequency	<p><i>“Don’t like zoom” (Current SU)</i></p> <p><i>“Not meeting in person” (Current SU)</i></p> <p><i>“More days and longer” (Current SU)</i></p> <p><i>“Programme is good for people who are house bound and useful for getting people back into the community” (Current SU)</i></p> <p><i>“During lockdown they did have Spanish classes online using zoom – she appreciates that things have somewhat got back to normal but there is some days she doesn’t feel like doing anything so it would be nice to have a zoom option” (Current SU)</i></p> <p><i>“More contact at the start to let people know what is available and where to get information” (Carer)</i></p> <p><i>“Got an excellent balance not being saturated with info and all done at your own pace” (Current SU)</i></p>
Transport	<p><i>“Transport is often an issue when attending services, I know Cedar ABI Choices provide support by linking with disability transport scheme” (Stakeholder)</i></p> <p><i>“Transport is an issue, I would be very nervous driving, [case worker] tried to get them to cross districts but to no avail” (Carer)</i></p> <p><i>“Transport was an issue” (Past SU)</i></p> <p><i>“Transport costs are not covered for service users” (ABI Choices case worker)</i></p> <p><i>“Transport is one of the main barriers for participants to engage in community activities. Community transport is limited and often unreliable and not all participants can use public transport or afford taxis” (ABI Choices case worker)</i></p>
Staff related issues	<p><i>“More assertiveness required on some occasions – both with people who are not engaging to move them off the programme, and with people who need extra encouragement to engage purposively” (Stakeholder)</i></p> <p><i>“I really appreciate the service; they encourage me but work at my speed; they don’t push if I’m not ready. This was especially the case when I was in a controlling and coercive relationship, I received great help from Cedar and Women’s Aid, providing support until I was ready to leave and go through court” (Current SU)</i></p> <p><i>“If someone leaves, he has to try and meet someone new” (Carer)</i></p>

<i>Lack of clarity</i>	<p><i>“There is some overlap as Brain Injury Service also provides brain injury education... Client can be confused as to which professional belongs to which service and how we all fit together” (Stakeholder)</i></p> <p><i>“There is some overlap with the role of the ABI Choices facilitator and the therapy assistants who work in the Brain Injury Service. Sometimes our assistants are doing the same job as ABI Choices” (Stakeholder)</i></p>
<i>Service user related challenges</i>	<p><i>“Find it less helpful being with people who are more affected by brain injury than me, it makes me worse, brings me down to their level” (Current SU)</i></p> <p><i>“It is sometimes challenging to motivate certain service users who aren’t ready to receive the help” (ABI Choices case worker)</i></p> <p><i>“Some service users have multi-complex needs, which can impact on their engagement” (ABI Choices case worker)</i></p>
<i>Activity related challenges</i>	<p><i>“Community activities often are not suitable for participants (ABI Choices case worker)</i></p>

Theme 3: Potential improvements or changes

<i>Subtheme</i>	<i>Illustrative quotes</i>
<i>Transport</i>	<p><i>“Travel barriers for service users can be challenging at times and case officers look at ways to overcome this barrier as it can be stressful for participants if they had to do so independently” (ABI Choices case worker)</i></p> <p><i>“Transport budget for service users” (ABI Choices case worker)</i></p> <p><i>“Help with service user transport cost” (ABI Choices case worker)</i></p> <p><i>“If someone could take her out in the car, collecting her and taking her home” (Carer)</i></p> <p><i>“I really miss driving; the loss of freedom really affected me. Driving was my ‘me-time’ which helped me to ‘come down after work’. Cedar could help with lifts (Current SU)</i></p> <p><i>“He no longer drives so a bus/van or funding for taxis would be a great help” (Current SU)</i></p>
<i>Education/Training</i>	<p><i>“More brain injury training for staff, more inhouse training for service users - specific to their requests” (ABI Choices case worker)</i></p> <p><i>“I find it very difficult with her finances” (Carer)</i></p> <p><i>“I would like help getting back into education or training. Would like to train to be hairdresser” (Current SU)</i></p>

	<p>“Help with technology/computer – individual 1-on-1 training” (Current SU)</p> <p>“Memory help, learning to use computer - difficulty with memory” (Current SU)</p> <p>“People don’t realise the effect that once they leave in an ambulance, they come back a different person and families need help from the very start” (Carer)</p>
<i>Mental Health</i>	<p>“More support for depression” (Current SU)</p> <p>“At beginning really struggled with mental health but now with [case worker’s] help, really feel I am getting the right support” (Current SU)</p>
<i>Social Opportunities</i>	<p>“Improve the social aspect - getting out for coffee etc” (Current SU)</p> <p>“Going out and doing more things like coffee or trips” (Current SU)</p> <p>“Go out somewhere when weather is good” (Current SU)</p>
<i>Extended Contact</i>	<p>“The only thing is its not long enough, two hours is too short, 3 hours would be more beneficial” (Carer)</p> <p>“If they could do more for more severe people who aren’t out of their house” (Current SU)</p>
<i>Support for carers</i>	<p>“Carers are not thought of in anything, people don’t realise it’s a 24 hours a day job” (Carer)</p> <p>“Cedar did provide some chances but unfortunately clashed with my times felt I lost my independence” (Carer)</p> <p>“Great for a chat and great chat and support for my mum too” (Current SU)</p> <p>“[Case worker] worked with her and very good with communication with me and they had a great relationship and connection and giving me updates” (Carer)</p>

Theme 4: Benefits of engagement

Subtheme	Illustrative quotes
<i>Personal Growth</i>	<p>“More confident more aware of what I can and can’t do, and not worry about things you can’t do” (Past SU)</p> <p>“More confidence as my anxiety was very bad, now I am less anxious to meet people and have great support” (Past SU)</p>
<ul style="list-style-type: none"> • Confidence • Understanding • Independence 	<p>“I believe that the programme is very beneficial for the service users who have engaged/engage with the programme and that they benefit and progress in their journey from the support that they receive” (ABI Choices case worker)</p> <p>“ABI Choices provides participants with an opportunity to reach their full potential” (ABI Choices case worker)</p>

<ul style="list-style-type: none"> • Positive outlook • Self esteem • Motivation 	<p><i>"I see these benefits daily in the increased confidence and social awareness of my service users...The care and commitment shown by the ABI Choices team has been noted and commented on by my service users. The benefits of this can be seen in increased confidence and an ambition to attempt mor challenging activities" (ABI Choices case worker)</i></p> <p><i>"To gain more understanding and insight into themselves, whilst developing themselves personally. The services offers support which gives the service user a sense of security when they need help/signposting" (ABI Choices case worker)</i></p> <p><i>"You realise things about yourself. I have learnt to tone it down, I have changed a lot" (Current SU)</i></p> <p><i>"I have changed completely. It has kept me on the straight and narrow, helped me focus. Taught me how to focus and refocus" (Current SU)</i></p> <p><i>"I am more outgoing, before I would have been anxious about going out – I would have needed to plan it but now I am more confident" (Current SU)</i></p> <p><i>"Much more positive outlook on life and feeling more positive about the future. As brain tumor is inoperable it is only going to get worse. Mental health would've been much worse without the service and as a single person it is great for help and support" (Current SU)</i></p> <p><i>"Coming to terms with ABI and accept it took quite a long time. She is not quite there but to groups are excellent. They help you to learn to live with it and manage it better. Confidence has grown and she doesn't feel as afraid or embarrassed, she feels now that if she is vague or forgetful, she is comfortable saying why" (Current SU)</i></p> <p><i>"Maintained and given me motivation when you realise you can achieve and to help other people that have went through the same thing" (Past SU)</i></p>
<p><i>Social benefit</i></p>	<p><i>"Another benefit I have seen is the social impact of the service. My service users have greatly enjoyed the social aspects of meeting together in a safe and caring environment" (ABI Choices case worker)</i></p> <p><i>"Reducing social isolation" (ABI Choices case worker)</i></p> <p><i>"To help service users rehabilitate into society and the development of friendships with others along the way" (ABI Choices case worker)</i></p> <p><i>"It has helped seeing others come out of themselves with my help" (Current SU)</i></p>
<p><i>Practical benefit</i></p> <ul style="list-style-type: none"> • Rewarding • Routine • Organisation • Finances 	<p><i>"I can now explain my injury which is great help. Service took time to break down the explanation of how the brain works-so helpful" (Current SU)</i></p> <p><i>"Before Cedar I just sat about in tracksuits now make more an effort. It gives me structure. Got me back into real life, into society again, mingling with real life people" (Current SU)</i></p> <p><i>"I wouldn't have considered all the things she was still able to do. With the help of [case worker] I was able to remember all the things I enjoyed pre-injury and get back to them e.g. creative writing. Attending the [group name] I feel it's nice to attend a group for women and people without ABI" (Current SU)</i></p> <p><i>"[Case worker] recommended the use of 'boards' for my walls, plan my week, things I need etc." (Current SU)</i></p>

	<i>"I do hope to get more courses but just had a baby but plan to go back in the new year" (Past SU)</i>
<i>Health benefit</i>	<i>"Things have improved and my health" (Past SU)</i>
	<i>"[Helping to] improve mental health and help service users gain meaningful experiences and interaction" (ABI Choices case worker)</i>
<ul style="list-style-type: none"> • Mental • Physical 	<i>"I have seen big changes, even my mood which can really get me down" (Current SU)</i> <i>"Have been in a very bad place in the past, bad depression and issue with painkiller but coming to cedar helped but still don't feel right" (Current SU)</i>

Theme 5: Service impact

Subtheme	Illustrative quotes
<i>Personal Development</i>	<i>"Being able to talk to others - before he was afraid of not being able to talk to other people when he was tired. When speaking and communicating he doesn't get annoyed with himself anymore he just gets on with it" (Current SU)</i>
<ul style="list-style-type: none"> • Confidence • Independence • Social • Motivation • Maintenance • Communication • Knowledge/awareness 	<i>"It gave her a good foundation to build on. She is more confident and happier in herself, more social and it helped implement doing things, she has got more motivation and the programme helped keep the motivation going" (Current SU)</i> <i>"It has given me back some independence and life. Mondays mean the world to me" (Current SU)</i> <i>"I have progressed enormously- I keep a diary since the beginning (and videos) and can see how far I have come. I look at the improvements made- less lost, less verbal errors" (Current SU)</i> <i>"I didn't want to come out/go to groups, wasn't interested, Cedar have done fantastic, keep up the good work, Glad I joined, before I joined, I didn't want to leave the house, Cedar have been very beneficial to me" (Current SU)</i> <i>"[Cedar] made us more aware about people with brain injuries and some people brain injuries are not always visible, so we now are more aware" (Carer)</i> <i>"Clients have better knowledge about what activities are available in their area which will improve their recovery" (Stakeholder)</i>
<i>Practical development</i>	<i>"In terms of making connections in the community and getting out to join classes and activities. She is now able to take this forward and build on it herself" (Current SU)</i>

<ul style="list-style-type: none"> • Developing skills • Routine 	<p><i>“Still needs practical support e.g. cooking etc. but the service has really helped his independence and confidence” (Current SU)</i></p> <p><i>“Very useful additional community support on a medium to long term basis” (Stakeholder)</i></p> <p><i>“Clients are more knowledgeable about what resources are available to help them such as bus passes and Headway ID cards” (Stakeholder)</i></p>
<p><i>Improved health</i></p> <ul style="list-style-type: none"> • Stress management • Anxiety 	<p><i>“Learning how to manage stress always comes in useful” (Current SU)</i></p> <p><i>“I think zoom is a very important tool for people with brain injury, I would be much more likely to go to zoom meeting... no worries about traffic, parking etc. it takes a lot of the problems away. Cedar has been one of the most successful programmes I have seen, before [case worker] I didn’t speak to anyone” (Current SU)</i></p> <p><i>“My memory problems are improving” (Past SU)</i></p>

Theme 6: Covid support

Subtheme	Illustrative quotes
<p><i>Contact method and frequency</i></p>	<p><i>“Zoom is better for learning and thinking about things. Face to face is good but being in a group can be difficult and can put you off” (Current SU)</i></p> <p><i>“I received emails and phone calls and was sent reminders by email” (Current SU)</i></p> <p><i>“Can’t really remember but I do think I got phone calls. Took part on Friday zooms - but zoom not really for me” (Current SU)</i></p> <p><i>“Cedar also got her set up on Zoom which was a real lifeline during covid” (Current SU)</i></p> <p><i>“It was very nice to receive a phone call to say how I was getting on” (Past SU)</i></p>
<p><i>Support/advice</i></p>	<p><i>Able to do 2m (face to face) distancing with masks etc. Very helpful during lockdown, missed interaction and going to cedar helped me keep stable” (Current SU)</i></p> <p><i>“Very bored during covid, I didn’t like the routine gone” (Current SU)</i></p> <p><i>“Great support during covid. Phone calls from [case worker] who kept in touch to make sure you’re all right” (Current SU)</i></p> <p><i>“[Case worker] gave floating support during covid. She went above and beyond and helped with getting moved and help with benefits” (Current SU)</i></p> <p><i>“Cedar made it clear they were always just a phone call away” (Current SU)</i></p>

Creative solutions

- Virtual classes

“Option to login to virtual classes... These little things made the difference” (Current SU)

“Disengaged during this time. I knew there was things going on but didn’t want to do it” (Current SU)

“[Case worker’s] Spanish class was brilliant. it got her into learning a foreign language which was amazing getting to learn some words” (Current SU)

“Did some training and certificates during covid” (Current SU)

Brett CE, Sykes C, Pires-Yfantouda R. Interventions to increase engagement with rehabilitation in adults with acquired brain injury: A systematic review. *Neuropsychol Rehabil.* 2017 Sep;27(6):959-982. doi: 10.1080/09602011.2015.1090459



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